

*Ravi Narayan*

Field Practice & Demonstration Areas  
Of

Departments of Preventive & Social Medicine  
Nationwide Review

*M2-E92*

THE THIRD ANNUAL  
CONFERENCE OF THE  
INDIAN ASSOCIATION OF  
PREVENTIVE AND  
SOCIAL MEDICINE

NEW DELHI  
JANUARY 22nd—24th, 1973

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES



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COMMUNITY HEALTH CELL

Call No : COMH 310

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Field Practice & Demonstra-  
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Ran Narayan

Field Practice Programme of Department of Social and Preventive Medicine, Gandhi Medical College, HYDERABAD- A.P

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The Rural Health Centre of Gandhi Medical College is located at Narsinghi village, which is about 18 K.M. away from the college. It covers 1.3 lacs of population with 123 villages. Road communications are good in all kinds of weather. The centre is located in a pukka building with 8 rooms. The staff members of R.H.C. have been provided with residential quarters. A hostel is available for residential purposes for interneers and other para-Medical personnel. Gandhi Medical College is under the State Government and affiliated to Osmania University of Andhra Pradesh.

Narsinghi was a primary Health Centre Previously and later on it was converted into Rural Health Centre and its administration was transferred to the Gandhi Medical College. As such all the National Progr. are running in this areas as per Primary Health Centre pattern.

The Co-Operation of the department of Social and Preventive Medicine with paediatrics, Obstetrics and Gynaecology and other departments is quite good.

The training facilities are provided to undergraduates, interneers and para medical personnel. The under graduates have to spend about 30 hours in the field practice area. There they have to conduct different types of survey according to a schedule. The interns are posted to under go training at the Rural Health Centre for one month. The training of interns is conducted as per a fixed programme a copy of which is enclosed.

The Sanitary Inspector Course Trainees are given field training at the Rural Health Centre for 15 days by involving them in various health activities.

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The students of B.Sc. (Nursing) from the college of Nursing Hyderabad are also posted at the centre for their rural field work.

At the end of every month the Professor and other faculty members of the Social & Preventive Medicine department discuss the progress of the trainees and other staff of Rural Health Centre. Omissions noticed and suggestions made are being attended to in the next month.

#### Urban Health Centre:

The Urban Health Centre is being acquired in Kabadiguda Secunderabad, which is about 5 K.M. from the college. It is an established Municipal Corporation dispensary and it is having various health units like medical care, T.B. domiciliary centre, vital statistics units, immunisation unit (including antirabic vaccine) N.S.E.P., NMEP and plague unit. All the units are located in pukka buildings. The correspondence is in progress to acquire the centre, and it is expected that in near future it will be acquired and re-designated as Urban Health Centre.

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#### Programme for internee:

- R.H.C. Centre - Assistance to Medical Officer.
- F.N, Sub-Centre - Running the Clinic.
- A.N., Vital Events registration - checking up at same village where sub-centre is located.
- Immunizations in Sub-centre village.
- M.C.H. & Well Baby Clinic & Family Planning at Sub-Centre.
- R.H.C Main Centre - assist Medical Officer.
- Morbidity Survey - 15 families.
- Nutrition & Diet Survey.
- Visit to School, School Health Survey.
- Talk on personal Hygiene to School Children.
- Immunizations.
- Domiciliary deliveries.
- Discussion in Staff Meeting.

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Field Practice Programme of Department of Social and  
Preventive Medicine, Osmania Medical College, HYDERABAD-A.P

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The Osmania Medical College has a Rural Health Centre but no Urban Health Centre.

1. Location: The Rural Health Centre is situated in Pattancharu which is the Panchayat Samithi headquarters. Pattancharu is 36 k.m from Hyderabad and situated on the National Highway to Bombay.

The Rural Health Unit covers a Population of about 70,000 comprising of about 40 villages.

2. Physical facilities:

2.1. There is a main centre in Pattancharu with 3 sub centres situated in suitable villages.

2.1.1. There are 16 beds in the main centre. The main centre building is fairly big, with OP, I.P, duty room for medical officers, dental OP, Museum, Seminar room, offices for health officer and other staff members, store room etc. labour room, Operation theatre.

2.1.2. There is a hostel to accommodate 25 interneers. Majority of the medical and auxiliary staff have living accommodation within the campus. An extensive garden is maintained.

3. Organisation: The Rural Health Centre is a part of the department of Social and Preventive Medicine, Osmania Medical College and is under the administrative control of Principal Osmania Medical College through the Professor of Social and

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## Preventive Medicine.

### 3.1. Staff Pattern:

Health Officer (Administrative Officer) - 1  
( D.P.H. Qualified)

#### Main Centre:

1. Medical Officer (Male)	1
2. Medical Officer (Lady)	1
3. Medical Officer (Family Planning)	1
4. Dental Assistant Surgeon	1
5. Health Supervisor	1
6. Health Educator	1
7. Health Inspectors	3
8. Public Health Nurse	1
9. Health Visitors	3
10. Auxiliary Nurse Midwives	3
12. Laboratory Technician	1
12. Fitter Mistry	1
13. U.D.C.	1
14. Typist	1
15. Class IV drivers etc.	

#### Sub Centre:

1. Medical Officer	1
2. Health Visitor	1
3. Auxiliary Nurse Midwife	1
4. Daya	1

3.2.1. The Social Paediatrics and Obstetrics Unit of the College  
Visit the Rural Health Centre weekly and provide consultation

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service.

3.2.2. The National Health Programms are operated by the centre in Cooperation with the respective District Programme Officers.

3.2.3. All activities are coordinated with the Panchayat Simithi.

4. Training Programmes: The Rural Health Centre Provides field training to D.P.H. students, interns, undergraduates, auxiliary health personnel like Health visitors, Sanitary Inspectors and Auxiliary Nurse Midwives.

4.1. D.P.H. Students: The DPH trainees are posted for one month's intensive field experience.

4.2. Interns: They are posted for one month. They participate in all the activities of the Health Centre. They are posted to stay resident at the sub centres in batches of 2 or 3 for a period of 10 days and after attending to OP work visit villages for immunization, Vit - A Programme, general health survey, Chlorination of wells, motivation for family planning and for school health programme.

4.3. Sanitary Inspector trainees: They are posted for one months intensive field training.

4.4. Health Visitors: During training they are posted twice 6 weeks each time - for domiciliary midwifery and rural field experience respectively.

4.5. Auxiliary Nurse Midwives: Almost throughout the year A.N.M. trainees are present in the health centre for domiciliary midwifery training.

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4.6. Staff Nurse Trainees: Nursing students are posted for a period of 15 days to one month.

5. Suggestions: Based on the experience gained in organising and being in charge of rural health centre the following suggestions may be considered.

5.1. Location: The rural health centres should be located in real rural surroundings. The population covered should not be more than 20,000

5.2. Physical facilities: Every staff member should have basic living accommodation. Hostel for interneers should be available with basic amenities. Adequate transport should be available. The health centre should have not more than 10-12 beds.

5.3. Administration: The Rural Health Centre should be under the administrative and technical control of the Professor of Preventive and Social Medicine with the Principal/Dean in over all supervision.

The administrative Officer of the Rural Health Centre should be of a higher grade than the other staff members at the centre.

5.4. Training Programmes: Field training should be restricted to mainly postgraduates, interneers and undergraduates.

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Field Practice Programme of Department of Social and  
Preventive Medicine, Rangaraya Medical College,  
KAKINADA.

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A. In the Rural Area:- The Rural Health Centre is 22 miles from the College. The area has 12 villages and 34,000/- population. For Curative services, the Centre has an Out-patient block, a female ward of 12 beds, a male ward of 6 beds, labour room, Operation theatre and accommodation for health staff. Annual budget provision for drugs is Rs. 15,000. For teaching purposes, there is a seminar room. The Centre has two subcentres.

The Centre is under the administrative control of Superintendent Govt. General Hospital and under the technical control of Professor of Social & Preventive Medicine. All supplies and facilities for services and training are provided by the State Government through Superintendent; Running of training programme is by the Principal (College is a private one) through Professor of Social & Preventive Medicine. Centre has no role in National programmes. Apart from a male Medical Officer, a female Medical Officer, a Compounder, a laboratory technician etc. for curative services, the essential health staff consists of a Health Officer in charge of Centre and training programme, an Engineer, a Health Educator, two Public Health Nurses, two Health Inspectors, a projectionist and 4 ANMS. Regarding interdisciplinary cooperation, a Pediatrician visits the Centre once in two weeks.

At present, the training programme is mostly confined to internees. For want of accommodation and transport facilities, each batch of 10-12 Internees are posted to work at the Rural Health Centre for only 10 days for the time being, during the two months posting to the Department (For the remaining period

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they have the Urban posting with Municipal Health Officer, District Medical & Health Officer, Family Planning, T.B., I.D.H.? Surveys and Preventive Paediatrics). In this short period of 10 days the field activities of different categories of health workers at the Centre are demonstrated. The Internees run the Out-patient by rotation along with the Medical Officers and they are also involved in short surveys viz. School Health Survey, Nutrition & Diet Survey Scar survey and KAP Survey as part of training in field surveys. The Undergraduates make a field visit to the Centre to acquaint with the practical aspects of Rural Health Services. There is no postgraduate course in Preventive Medicine or Public Health in this College. The training programme for paramedical health workers is also not present.

The Internees use printed proformas for the surveys and make notes on whatever is told and shown during Rural Health Centre posting, in the printed 'Internees field note book'. The Centre was established in December 1966 and the experience gained in these 6 years convincingly tells that the staff member responsible for day-to-day training activities at the Centre must be better qualified and more than that, he should take active interest in showing the various field activities under the Rural Health Services. He should take pains to actively involve the staff allotted to the Centre, the internees posted & the Community at large in all the activities. Otherwise the trainees will only do the field work most mechanically, making the rural posting serve no purpose.

We wish the following to be done for the development of the Centre: -

1. To increase the population coverage.
2. To increase the number of subcentres to six.

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3. To have a counterpart of the Preventive and Social Medicine Professor at the Rural Health Centre, who has maturity & experience in the discipline.
4. To start indigenous daitraining, First-aid training and training of paramedical health workers.
5. To construct quarters for the Internees and staff at the Centre.
6. To get the Centre under the administrative Control of the Principal through the Professor of Social & Preventive Medicine.
7. Periodic visits to the Centre by other Clinical specialists (apart from pediatrician).
8. The final or prefinal undergraduate students be posted in small batches of 15 students to the Centre for about 10 days by rotation to demonstrate all practical aspects and field activities under the Rural Health Services.

B. In the Urban Area: Urban Health Centre is not yet established. But an Urban Field Practice Area with about 15,000 population was acquired from the Municipality in September 1972. By visiting the families in the area, the Internees under the guidance of a staff member, provide the Family Planning, Maternity & Child health and Immunization services and advice on nutritious diet, personal hygiene and food hygiene and disposal of wastes. The Internees get trained in Family health care while rendering these services. This programme is still in initial stages and it is intended to utilise the area for field demonstration to small batches of undergraduates in future. A plan with necessary particulars<sup>a</sup> was sent to the Principal, to start an MCH Centre, an Immunization Clinic a Diet Advisory Clinic and a School Health Clinic which

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constitute some of the components of Urban Health Centre to be established at a future date. Families from the Field practice area will be allotted to the students to develop the concept of Family Health Care.

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Field Practice Programme of Department of Social and  
Preventive Medicine, S.V. Medical College, TIRUPATI -A.P.

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1. General: - Sri Venkateswara Medical College Tirupati, a state Government institution was established in 1960 and the Rural Field Practice Area came into being with the organisation of Rural Health Centre, Chandragiri, as early as in 1963. The college is having 100 admissions annually with no post-graduates and no other para-medical training except pupil nurses. There is no Urban Health Centre attached to this college.

2. Location: - Rural Health Centre, Chandragiri is 8 miles away from college and is situated in Chandragiri Panchayat Samithi Block in Chittoor District and covers a population of 20,478 living in 11 main villages and 12 hamlets, of which 7331 people are in Chandragiri village.

3. Physical Facilities: -

3.1 Main Centre: - Rural Health Centre, as its main centre at Chandragiri has (1) Hospital Section (2) Health Officer's Section and (3) Internees quarters.

3.1.1. Hospital Section: - This wing is located in a government building with facilities for 5 general beds, 2 beds for infectious diseases and 3 paediatric beds, an operation theatre, a labour room, a clinical laboratory and such. It has all the equipment and instruments required for a hospital of this stature including one UNICEF Frigidaire and a UNICEF Vehicle for emergencies.

3.1.2. Health Officer's Section: - This is located in a rented building with facilities for a class room, a museum and a space for field staff, office and stores.

It is having another UNICEF Vehicle for field visits and a Frigidaire for storing biologicals.

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3.1.3. Internees' Quarters: - The accommodation for the internees is provided in a rented building. They are provided with cots, mattresses, cooking facilities etc.

3.2. Sub-Centres: - There are three sub-centres functioning at Narasingapuram, Domakambala and Perumalapalle, all located within five miles from the main centre and fully equipped but accommodated in private building volunteered by the local people free of rent.

#### 4. Organisation:

4.1. General: - This is a government institution under the administrative control of Principal through Professor of Social and Preventive Medicine and fully financed by State Government and budget operated by the Principal. The UNICEF has given its full assistance. All the National Programmes are carried out by the District Medical and Health Officer, Chittoor through the Primary Health Centre of Chandragiri Block for administrative convenience while technical supervision and guidance are given by the staff of Rural Health Centre, Chandragiri.

4.2. Staff:- The staff are as follows as employed by Government for the centre.

Health Officer	1
Medical Officer	3
Assistant Engineer (P.H)	1
Health Educator	1
Health Inspectors	2
Public Health Nurse	1
Health Visitor	1
F.P.Welfare Worker	1
Technician	1
Pharmacists	3
Midwives	3
Drivers	2
Nursing Orderlies	2
Projectionist	1
Waterman	1
Sweeper	1



Besides there are part time and contingent workers like sweepers, watchmen and chlorination mazdoors. Also there are field staff of National Programmes working as Basic Health Worker, Non-Medical Assistants etc.

4.3. Inter Disciplinary Co-operation: - The field practice area is utilised by the college departments of Obstetrics and Gynaecology, Family Planning, Paediatrics, Tuberculosis and Dental and are running regular weekly clinics in the centre.

5. Training Programmes: - The under graduate students during the II term of 1st clinical year begin to visit the rural field practice area every week on Mondays for two hours and conduct surveys and studies. Five families are allotted to each student but studies one family in greater detail. They do general health survey, house survey, economic survey, social survey, anthropod survey etc. These studies continue during the I term of 2nd clinical year by their visits on Saturdays for two hours when they carry also immunisations, health education and vitamin treatment. Thus in all they study and follow the families for one year during a time when they have no examination worry. This training is supplemented by intensive and continuous training during summer months for a period of 10 days during which they conduct diet and nutrition surveys, laboratory examination of urine, stools and blood besides participating in chlorination of a well, disinfection of sputum and cholera stool, formal dehyde gas fumigation, D.D.T. spraying, construction of a bore hole latrine, smokeless Chula, soakage pit and manure pit. They have to submit a record of work so done in a printed record book at the time of University Examination for award of marks for a maximum of 10.

The rural field practice area is having 2 earth augers and other implements, 4 DDT Sprayers, 10 adult weighing machines, 25 : 111



25 weighing scales for diet surveys, 20 field laboratory kits, 20 horrocks apparatus, 15 improvised chloroscopes, 5 microscopes, 10 vaccination kits and other equipment as required for field studies.

The college bus is used for transporting students on Mondays, Saturdays and in summer apart from the third UNICEF Vehicle used by staff and interneers.

The interneers training is divided between them at Chandragiri for hospital and field work on alternate days for immunisation, chlorination, nutrition, family planning, school medical inspection, health education, treatment of emergencies, control of epidemics and participation in national programmes. They conduct filariasis survey, helminthic survey, target couple survey etc. The women interneers conduct domiciliary midwifery services in Chandragiri village proper.

6. Urban Health Centre: - As there was no Urban Health Centre, the work is carried out by allotting final year students, 3 cases from hospital wards for follow up and case study in the field with the help of Assistant Professor and Medico Social Worker.

7. Studies, Evaluation and Lessons: - The studies and surveys so far made indicate the general patterns of prevalence of diseases like filariasis, deficiency diseases helminthic infections as seen in other parts of Andhra Pradesh with more or less the same epidemiological factors. The attitude survey on family planning is also indicative of general trends. 357 and 388 vasectomies were done during two camps conducted in this centre in recent years.

8. Proposals for future: - (1) An Urban Health will become more problematic in services point of view as it will not be able to meet the ever growing demands of Urban Communities for sophisticated treatment. At the same time it may not have any impact on



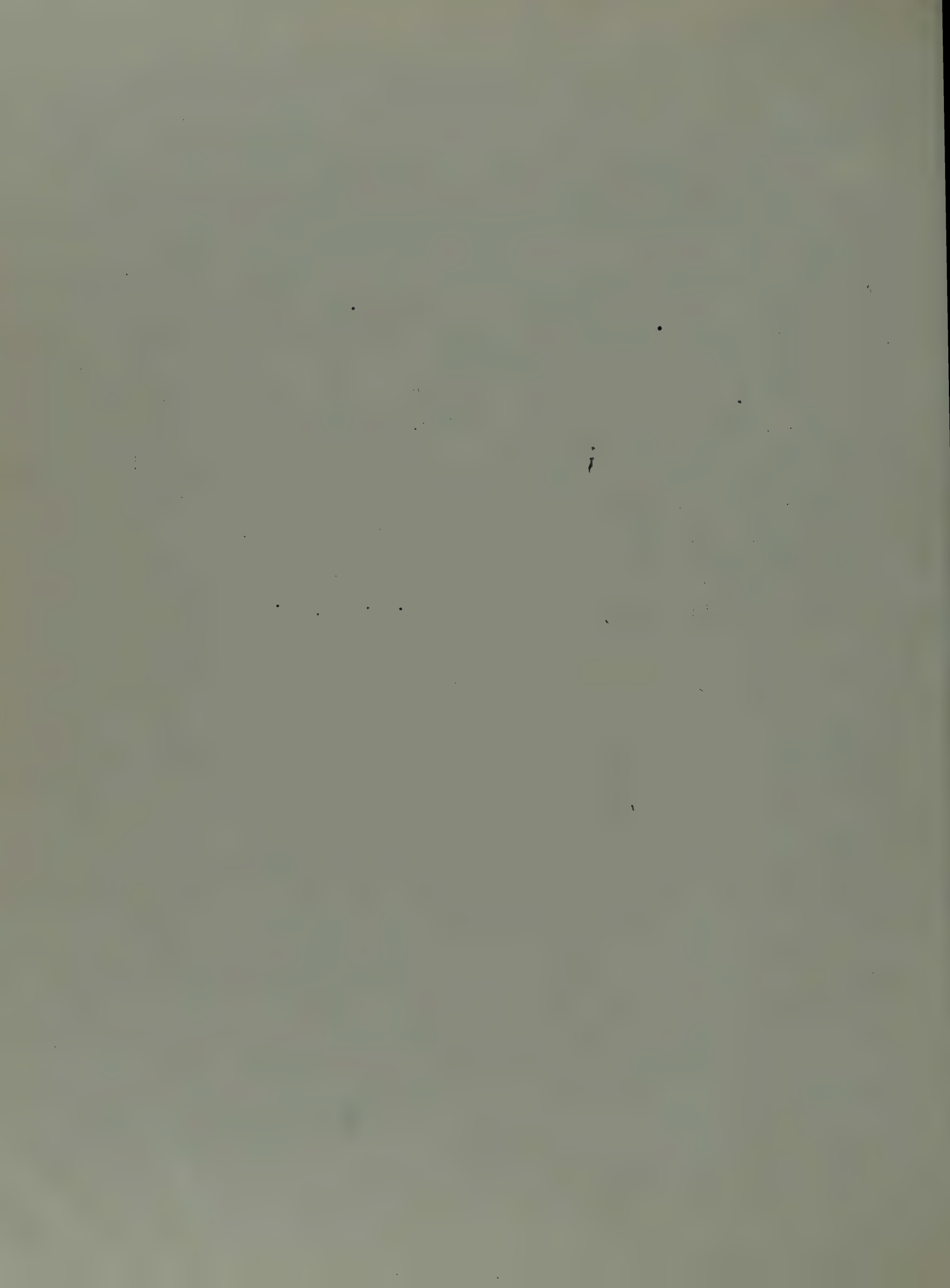
training programmes as the staff of the centre will be fully engaged and interested in the clinic services. However proposals are under way for establishing an urban field practice area.

2. The students are more attentive to the field work than the interneers who by themselves are quite willing to work provided they are given more comforts and better accommodation for their stay than in a crowded rented building.

The stay of medical interneers and therefore the training in the rural field practice area should be encouraged by providing better accommodation and recreational facilities. There is a proposal to construct a Rural Health Centre building to house all sections at a cost of about Rs. 2.5 lakhs.

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Field Practice Programme of Department of Social and  
Preventive Medicine, Medical College, GAUHATI (ASSAM)

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The Role of Field Practice Area in Medical Education:

The Gauhati Medical College which admits 100 students in a year starts its teaching of Social & Preventive Medicine from the first professional year and which ends in the 3rd Semester of the Para-clinical year. The duration of the course is 3 years and the IMC's regulations are strictly followed. It has got two field practice areas one is at Azara, the Rural Health Centre and the other is at Ulubari, the Urban Health Centre. The Urban Health Centre is situated in the centre of the city serving about 30,000 population of the greater Gauhati. The Rural Health Centre is situated about 15 k.m. away from the city centre and in the rural settings serving about 50,000 population.

The Urban Health Centre provides curative as well as preventive services. It has two medical Officers - one for M.C.H. and other for Family Planning services but there is no hard and fast rule who does what. They are appointed from the State Health Services. Of the Preventive services it does immunization programme, Maternity and Child Welfare Services, Family Planning, care of antenatal patients at home and home deliveries and the distribution of milk for the mothers and children. The curative Programme involves all kinds of illness presented at the out door for attendance and treatment. We also supply Anti-biotics and Vitamins from the Central Medical Store of the Gauhati Medical College free of cost. Apart from this we have the laboratory services for routine side room examinations doing about 10 to 12 specimens a day. The interns are posted for 20 days during the period of their internship in S.P.M.

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They examine cases, do laboratory works and their works are discussed with them by the Medical Officers or by the Professor. They also perform simple operations, insertions of Loops and so on. The interns are made to write diary of their daily work. The under graduates usually do not attend the Urban Health Centre as daily routine but once or twice during their career they are demonstrated the functions and services of the centre. We have proposed to have more times of the under graduate in the centres, follow up of cases, and more epidemiological survey of different diseases in future.

Rural Health Centre: In the Rural Health Centre we have almost the same type of work as in Urban Health Centre but apart from this we have a six bedded hospital for accommodation of local patients who are unable to come or do not wish to go to the Medical College. Of the six beds four are for general and two are for maternity cases. We have got one Doctor Incharge and a Family Planning Lady Doctor for the works. Apart from this the Associate Professor and the Professor Incharge also visit the Centre periodically. The Professor of Paediatrics visits the centre for occasional consultation. The existing programmes for the interns, the under graduates and the post graduates the interns go to the centre daily for 40 days of the total period of two months where they examine patients at the out door and go to the villages for Family and School Health Surveys, Immunization Programmes and from time to time to take part in Research works undertaken by the deptt. Their services<sup>are</sup> also utilised for Control of epidemic diseases if it occur in collaboration with the district health authority. The under graduates are taken to the centres during their Para-clinical days i.e.  $1\frac{1}{2}$  years for demonstration of the workings of the Rural Health Centre once in a month. We do not have post graduates at the moment. All the trainees of para-medical and the general nurses of the college hospital visit both the centres for instruction. The interns write diary and case notes of their work and that is scrutinised by the M.O. Incharge and ultimately by the

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Prof. of S.P.M. The centre have doctors appointed by the State Health authority and they are transferable. However, we have combined the Medical College teaching programme with the District Administrative set up although both the centres are otherwise under the direct administrative control of the Principal, Gauhati Medical College. We have also plan to accommodate an Epidemiological Unit in the centre under the S.P.M. Department, so that epidemiological investigation into different diseases and their prevention can be achieved. The Rural Health Centre has an UNICEF Jeep and the department of S.P.M. has two Bedford Utila Bus for the use. The S.P.M. department is telephonically connected to both centres.

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Field Practice Programme of Department of Social and Preventive Medicine, Medical College, BARODA.

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Field Practice Area of Medical College, Baroda (Gujrat):

Rural Health Training Centre - PADRA:

Location: Rural.

Site: Situated at Padra a small town, about 15 kilometers from Baroda.

Population and Area Covered: Population 1,40,000  
Villages - 86  
(Comprises of onetaluka).

Established In November, 1956

Physical facilities Training Centre Building:

It is a spacious building with two big lecture halls, one big clinic Room, one big office wing, accommodation for Primary Health Centre, laboratory, Dental Surgeon's Office etc., It has totally twenty rooms. One Maternity Hospital of fifteen beds, one Hostel for 40 interneers. One Hostel for Nurses.

Staff Quarters:-

Three Medical Officer's Quarters. Four quarters for Nursing Staff, One for Sanitary Inspector, Two for compounders, and three for class IV Servants.

Five Vehicles - (One student Bus, Two Ambulance van, One Jeep and One Ambassador Car).

Besides one Primary Health Centre at the Head Quarters it has four Primary Health Units under it.

Each Primary Health Unit has its own building, one maternity home of three beds and staff quarters for Medical Officer and two Nurses' Quarters. Training centre has seven subcentres, each

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having a maternity home of 3 beds and Nurses's quarters.

Organisation:

It is under the administrative control of state public health Department. Administrative head is the Asstt. Professor and Medical Officer in-charge, Training Centre, who is from the cadre of District Health Officer. Besides Training, he is responsible for administration of all health services in the area. He has to carry out all national programmes in his area just as District Health Officer carries out in his area.

Staff:

Asstt. Professor and Medical Officer- I/C Training Centre

Asstt. Medical Officer (Class II)-

Medical Officer - I/C. Training (Class II)

Medical Officer-PHC (Class II).

Medical Officer Family Planning (Cl. II).

Medical Officer Maternity Home (Cl. II).

Medical Officer of four Primary health Unit (Cl. II).

Dental Surgeon

Health Educator

Public Health Nurses

Nurse-Midwives or health visitor

Auxiliary nurse midwives

Family Planning social worker

Family Planning health visitor

Family Planning auxiliary nurse midwives.

Family Planning field workers

Vaccination Supervisor

Sanitary Inspector

Vaccinator



Compounders	3
Laboratory Technician	1
Leprosy Assistant	1
Drivers	5
Senior Clerk	1
Junior Clerks	4
Computer	1
Class IV servants	36
(Training Centre 12	
Maternity home 4	
For five PHC's 12)	

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Annual Budget Rs. 5,00,000/- per year

Training Programmes: -

About 30 to 40 interneers posted for a period of 3 months. Four such batches are trained in a year.

Total Internees trained in a year 120

Second year Nursing students posted for one month (about 60 in a year).

Nurse - Midwives for Orientation Training Course for three months (about 8 in a year),

Post Graduate M.D (Pediatrics and

M.D. (Prev & Soc. Medicine) - One month

(about four in a year).

Under-graduate students are taken for demonstration and field visits periodically.

Inter-disciplinary Cooperation with other clinical and other departments:

Professor of Obstetrics and Gynaecology and Professor of Pediatrics pay visit to the Centre once a week and attend Ante-natal clinic and well baby clinic respectively. Internees conduct the

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clinics independently and are guided by them. Professor of Preventive and Social Medicine, Professor of Medicine and Professor of Surgery, pay visit once a fortnight and Professor of Psychiatry once a month.

In the morning the Internees attend the O.P.D. where they diagnose the cases clinically, socially and environmentally and give treatment both curative and Preventive. Thus they give total comprehensive medical care to the patients. Some cases are selected for follow up which are visited at home periodically. In the afternoons, they conduct Antenatal clinic and child health clinic each once a week and once a week visit the cases selected from O.P.D. for follow up. Once a week follow Antenatal, Postnatal and neonatal cases. They are involved in the Health services with Sanitary Inspector, Vaccinator and Public Health Nurses and do field work with them. They also do school health examination. Sometimes they carry out surveys, like general Morbidity surveys, diabetes survey, blindness survey etc. Professor of P&S.M plans and guides the Training Programmes of the Internees.

Difficulties: As the number of internees have increased, staff for their training and supervision is not sufficient. <sup>Some of the</sup> internees may be posted at some other Primary Health Centres for one month by rotation. Facilities for their residence will have to be provided at their Primary Health Centres.

Future Proposal: It is proposed to try for the training centre under the full Administrative control of Medical College.

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Field Practice Programme of Department of Social and  
Preventive Medicine, Govt. Medical College, SURAT (Gujarat)

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Govt. Medical College, Surat was opened in 1964. The Deptt. of Preventive and Social Medicine was started in 1968 with appointment of fulltime Professor.

Rural Health Training Centre was also started in 1968 in a hired building at Sachin about 9 k.m. away from Medical College. First batch of Final M.B.B.S students passed from this college in October 1971, So interns were for the first time posted at Sachin, R.H.T.C. in December 1971 i.e. only one year back. So our experience is limited.

R.H.T.C Sachin is under Public Health Deptt. and Assistant Prof. and Medical Officer (H) i/c belongs to the cadre of District Health Officers. He is directly under the Director of Health Services and not under Dean of the Medical College. R.H.T.C. is under Health Deptt., while Medical College is under Medical department. Undergraduate and interns training is done by Co-ordination between Rural Health Training Centre and Medical College.

There are two Primary Health Centres and 12 subcentres and eight M.C.H. centres under Assistant Professor and Medical Officer i/c R.H.T.C which serves population of about 1 lakh thirty thousand. At R.H.T.C besides Assistant Professor and Medical Officer (H), there are posts of two M.O.S., Dy. Engineer, P.H.N., S.I., Health Educator, Social Worker, etc. Construction of main building of R.H.T.C., hostels for men and women interns and some residential Quarters is completed and they will be occupied within 3-4 months. R.H.T.C will have facilities for 40 indoor patients, laboratory and X-Ray facilities. P.H.C. and subcentres provide comprehensive medical and health

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care.

8-16 interns are posted at R.H.T.C Sachin for a period of three months. Half of them are kept at R.H.T.C H.Q and half of them are dispersed in P.H.C.S in training area. Occasionally they are posted in P.H.C.s of Surat District or neighbouring districts.

Undergraduates are taken to field practice area for various demonstrations in sanitation, Entomology and National Programme like NSEP and NMEP. Interns are given responsibility of M.O. of P.H.C but they work under supervision. They assist in running O.P.D. Baby clinics, Sub Centre clinics and F.P. Camps. They are allotted families for comprehensive Health care.

They participate in Health Education work like group discussions. Discussions are arranged on various Health activities, like N.M.E.P etc. twice in a week. Health visitors School and Nursing school at Surat also utilise this area for their field training programme. State Health Deptt. sends M.O.S and H.V.S. in PH.Cs to R.H.T.C. for training in applied Nutrition programme. Post graduate courses have not yet been started at Medical College, Surat.

Professors from the Deptt. of Paediatrics, O&G. and Ophthalmology visit these centres regularly both for service and training purpose.

As the training programmes have been started recently no evaluation has been attempted.

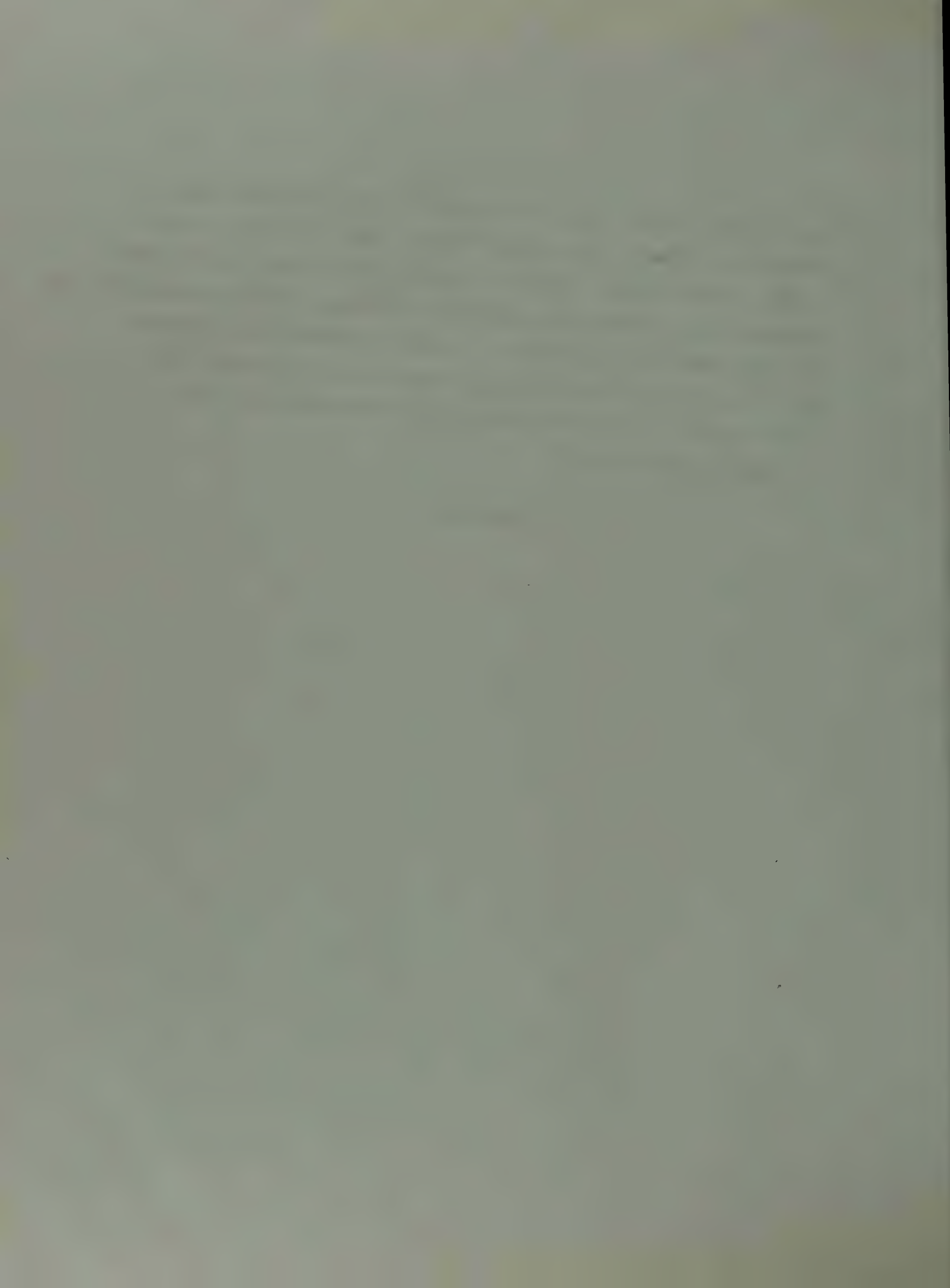
There is an Urban Health Centre located about 3 k.m. away from the Medical College. It is housed in 4 rooms of the old Civil Hospital and it was started in 1976. It serves about 16000

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population. There is no sanctioned special staff for Urban Health Centre but it is run by Medical and Para-Medical staff of the parent deptt. & Epidemiological unit. Urban Health Centre conducts Baby clinics and Nutrition clinics. Final year students and interns posted in Paediatrics department attend these clinics. The Govt. has been approached to sanction special staff for this centre, so that it can be further developed into full fledged training centre.

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Field Practice Programme of Department of Social and  
Preventive Medicine, , Himachal Pradesh Medical College,  
S I M L A.

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Himachal Pradesh Medical College, Simla started functioning in August, 1966 in the old Snowden Hospital building with 50 admissions. The physical features, the climate and poor communication system all add to the difficulties of organising efficient community work in the field.

The department of Preventive and Social Medicine was started in March, 1969. Teaching in Preventive & Social Medicine starts from the 1st year and continues upto IVth year. There is a separate university examination in Preventive & Social Medicine which is held at the end of IVth year i.e. one year prior to the final professional examination.

Urban Health Centre, Tilak Nagar: The Urban Health Centre is situated on Simla-Mandi Road about 10 k.m. from the Medical College. It started functioning in February, 1970 and is under the direct control of the Department.

Family Advisory Service: The third and fourth year students are taken to the Urban Health Centre, Tilak Nagar for Family Advisory Service. Two students are allotted one family. Before allotment, the families are properly screened by the Urban Health Centre staff. The students visit their families once in a week for one after-noon. (2.5 P.M.) Before starting work in the families, the students are explained in detail about the objectives, aims and scope

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of Family Advisory Service. Each allotted family has got some medical problem for follow-up by the students, namely some chronic disease, or a growing child or an infant or an ante-natal mother and family planning case. Before each visit to the family the students are explained about the task they have to perform on that particular visit. They record their findings into the specially designed Family Advisory Service Record Book. Each batch of ten students are supervised by a team consisting of one teacher from the Department, one Medical Social Worker or a Sanitary Inspector and a Lady Health Visitor or a midwife. The families are provided regular comprehensive Health Care Service from the Urban Health Centre through its routine O.P.D. and speciality clinics. The students also find this exercise quite stimulating as they see the difference between this type of service and clinical practice, sitting in a clinic. They also see the usefulness of follow up in various problems.

Field Demonstration Visits: The field demonstrations are as far as possible arranged in such a way that the students go for a particular visit immediately after the theory part of it is covered in their didactic lectures.

These visits are in relation to:-

Environment and Health, Food Sanitation,  
Industrial Health, National Control Programme, M.C.H.,  
F.P. and Public Health Administration.

Integration with other Departments: Integration and co-ordination with other departments are being maintained throughout the

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period of under-graduate teaching in Preventive & Social Medicine. The department of Anatomy, Psychiatry, Obstetrics & Gynaecology, Pediatrics and Medicine participate in the integrated teaching. Integration is there with the department of Medicine and Pediatrics on Bed-side teaching (Clinico-social case reviews) and in the Isolation Hospital.

Interns Training: The interns are posted for a period of 3 months in the department of Preventive & Social Medicine out of the total period of one year. For such time till their residential accommodations are ready at Rural Health Centre, they are posted for the entire period of 3 months in the Urban Health Centre, Tilak Nagar. The interns go daily in the morning in the college bus or jeep to the Urban Health Centre. Usually there are 12-15 interns posted at a time in the department. They are divided into batches of 2-4. One batch looks after the Centre under the supervision of the Medical Officer. The other batch is attached with the Lady Health Visitor to look after the work of M.C.H. and Family Planning and the working of Lady Health Visitor. The III batch is attached with the Sanitary Inspector for environmental Sanitation and immunisations work. The IV batch is assigned a small survey type research project and V batch prepares a Seminar topic to be presented in the Department. The seminars are on the various activities of a Primary Health Centre and national health problems. On three afternoons in a week all of them take active part in running the ante-natal clinic, well-baby clinic and School Health Services of the Health centre. On one afternoon each batch analyses their assigned work to be presented in the Seminar in the Department.

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The Batches are rotated for all these postings. The interns are also posted for 1 to 3 days each with National Health Programmes like Tuberculosis Control Unit, Small-pox Eradication programme, Health Education Unit, National Malaria Eradication Programme, V.D. Control Unit of Himachal Pradesh and Rehabilitation Unit. Two to three clinicsocial case reviews are also presented to them in collaboration with the department of Pediatrics and Medicine.

Rural Health Centre: Rural Health Centre, Suni is 45 Kilometers away from Simla and was attached to the department of Preventive & Social Medicine in March, 1971 and is under the administrative control of C.M.O., Simla. The road is jeepable. This centre caters to about 27,000 population. The under-graduates and interns are taken in batches for the demonstration of the various activities of R.H.C. So far, the interns are not being posted there as their residential accommodation is not yet ready.

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Field Practice Programme of Department of Social and  
Preventive Medicine, Medical College, GULBARGA.

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I. The Hyderabad-Karnatak Education Society started the Medical College at Gulbarga in the year 1963. So far eleven final M.B.B.S. Degree Examinations have been conducted. A total of 268 Medical Graduates have passed out of this College.

II. An independent department of Preventive & Social Medicine was headed by Dr. C.R. Naidu till 4.2.1972 on which date Dr. B.A. Sreenivasa Iyengar took over charge. The staff consists of

- i) Dr. B.A. Sreenivasa Iyengar, MBBS., DPH., MPH., Professor.
- ii) Dr. K. Somayya, MBBS., B.S.Sc., (Madras) Associate Professor.
- iii) Dr. Jayashree Pattankar, MBBS., Tutor.
- iv) Shri V.R. Kulkarni, M.A., (Statistics) (at present under training in Bio-statistics at New Delhi), Statistician.
- v) Shri Biradar, B.A., Health Inspector.
- vi) Shri Basannappa Shettgar, B.A., Lab. Assistant.
- vii) Vishnu, Peon - One.

All the above staff are the full-time staff.

Further, the posts of Reader and Lecturer in Preventive & Social Medicine have been advertised to fill up the vacancies.

The following staff from Government Department are helping us as part-time workers for both interns and undergraduate field training.

- i) The District Health & Family Planning Officer Gulbarga. This Officer has a post-graduate Public Health Qualification. At present, Dr. M. Rama Rao is

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holding this post.

ii) Dr. Marla, MBBS Medical Officer, Primary Health Centre,  
Farhatabad.

iii) Dr. Suryakant, MBBS., Medical Officer, Primary Health  
Centre, Kamalapur.

III. The subject of Preventive & Social Medicine is taught over seven terms; one Pre-clinical and seven clinical.

IV. (i) PRACTICALS AND FIELD VISITS:

During the Fourth term in IInd MBBS Class, each student is appraised the family care programme in the Urban Clinic Centre. The Urban Clinic is set up in the premises of the District Reserve Police Lines. This clinic is to be shifted to another building in Gulbarga city which would be nearer problem areas. It is also proposed to arrange for weekly clinics where specialist consultations would be available to the patients as service programme and students could learn the need for specialist consultations as a part of their training programme. Therefore, the students will be able to see relationship of environment to health and disease. At present each student is being allotted one family in the Police lines, wherein he is encouraged to examine the various members of the family and fill up family care programme schedules with the guidance of the staff of this Department. The staff of other clinical Department cooperate whenever the students take a case to them for expert opinion. This Urban Clinic is located at about 4 Kms from the Medical College.

(ii) There are two Rural Training Centres which are used for training in Preventive and Social Medicine.

a) These two Rural Primary Health Centres are at Farhatabad and Kamalapur.

Both these Centres are assisted by UNICEF. Both the Primary Health Centres are under the administrative control

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of the District Health and Family Planning Officer, Gulbarga. The Government in their Order No. PHS 150. PHS 67 dated 4.7.1967 have permitted the use of these two Primary Health Centres for training purposes and they have further permitted that the remaining 15 Primary Health Centres in the Gulbarga district could also be used.

(b) Kamalapur Primary Health Centre is 22 miles and Farhatabad Primary Health Centre is 10 miles from the Medical College, Gulbarga. An all weather road being the main National Highway connects both these Primary Health Centres with Gulbarga City. The Principal of the Medical College has empowered the Professor of Preventive and Social Medicine to hire the Government transport as and when needed.

(c) Public conveyance from the Mysore State Road Transport authority is used.

(d) Within the Rural Training Centre area, bicycles can be hired by the students and on a few occasions Government transport is also used.

iii) There is an internship programme. The duration is three months. The outline of the programme is

- a) Primary Health Centre, 30 days.
- b) District Tuberculosis Centre, 15 days.
- c) District Family Planning Dept. 10 days.
- d) District Leprosy and Rehabilitation Centre, 7 days.
- e) National Malaria Eradication Programme, 7 days.
- f) National Small Pox Eradication Programme, 7 days.
- g) Preventive Pediatrics, 15 days.

At present, there is no residential accommodation for medical students and interneers at the Primary Health Centres. On the recommendation by the Indian Medical Council and Principal

of this College, the Director of Health & Family Planning Services, in his letter No.MEB/II(23)/72-73 dated 13.10.1972, has addressed the Executive Engineer, Gulbarga to send the plans for construction of a hostel for internees at Farhatabad as per type designs No.4972 and 4972/1. The interns are divided in batches of about six and posted to the different Departments.

Both the Primary Health Centres at Kamalapur and Farhatabad have got their full complement of their staff.

The size of the Primary Health Centre is furnished below:-

	Farhatabad Primary Health Centre	Kamalapur Primary Health Centre
Villages	70	69
Population	79,275	74,834
Distance	10 miles	22 miles.

We use two villages in each Primary Health Centre.

The Primary Health Centres are now equipped and have received UNICEF supplies, and therefore, demonstrations can be done at the Centres.

The Primary Health Centres provide services for the Panchayat Samithi and for the Block area.

#### FACTS AND FACILITIES IN GULBARGA DISTRICT:

Area:	16,242.4 Sqr. K.Ms.
Towns:	10
Villages:	Inhabited - 1283 Not inhabited 74
Tahsils:	10
Revenue Sub-Divisions:	3
Elevation Range:	1000' to 2000 M.S.L
Population:	17,39,671 (1971 Census) (5.94% of State population)

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Increases 24% over 1961 Census.

Density: 107/Sqr. Kms. : (State Average: 153)

Civil Dispensaries - 12

Ayurvedic -do- 7

Unani -do- 8

Health Unit type 25

Regional Laboratory 1

Project Dispensary 1 (Upper Krishna River Project).

Primary Health Centres 17

Literacy: 12.14% among Men

2.59% among women

#### (iv) NATIONAL PROGRAMMES:

In Gulbarga district, the following National Programmes are mainly connected with the District Health Administration. These are:

- a) National cholera Control Programme - Mobile Medical Unit.
  - b) National Leprosy Control Programme - N.L.C.C. Unit -one  
10 S.E.T. Centres.
  - c) National Tuberculosis Control programme
  - d) National Filaria Control programme - Three filaria  
Control Units and  
one night clinic.
  - e) Guinea-worm Control programme and  
National Water supply.
  - f) National Family planning programme.
  - g) National Small Pox Eradication programme.
  - h) Applied Nutrition programme with special reference to  
Vitamin 'A' deficiency.
- Both the Medical students and the interns are appraised of these programmes.

#### v) INTER-DISCIPLINARY COOPERATION:

Attempts are being made for integrated teaching by arranging bed-side clinics in the other clinical departments.

The Clinico Pathological Conferences are held once a month. Seminars on selected subjects are held in coordination and cooperation with other departments.

#### V. EXISTING TRAINING PROGRAMME:

(i) There are no post-graduate Departments in this Medical College.

ii) The programmes for interns and under-graduates are already discussed vide supra.

iii) There is a Training Centre for Health Inspectors and auxillary Nurse Midwives under the District Health and Family Planning Services and the District Hospital respectively. For purpose of teaching the clinical students; the Government District Hospital is being used by the Medical College as per terms and agreement between the Mysore Government and the Hyderabad-Karnatak Education Society.

#### VI. EVALUATION:

No attempt is made so far to evaluate either the teaching of Preventive and Social Medicine or the training imparted to the clinical students and interns. The following remarks are furnished by me in the light of the experience since one year in this college and practical training of interns at Mandya and Mysore districts for nearly six years.

(i) The level of real integration of various aspects of Preventive & Social Medicine in the various non-clinical and clinical departments have yet to reach a satisfactory performance.

ii) The Government has appointed psychiatrist and Psychologist only during 1971 on the recommendation of the All India Institution of Mental Medicine. We have yet to appoint a Social Worker in this Department. It is only after these workers

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reach an understanding that we can demonstrate the importance of environment and social problems to health and disease.

iii) As there is no separate staff like an Engineer to deal with environmental sanitation this subject is being dealt with by the staff of this Department. Practically, this is a draw-back.

iv) The general/medical practitioners are not involved at any level and this has made it impossible to impress on the interns and medical students the importance of continuity of Family Medical care and establishing communications.

v) Size of the clinical class is so huge that neither individual attention in the class nor a practical demonstration for a working group could be practised with advantage.

vi) Clerk-ship in out-patient department and following up in the patient's home cannot be practised because of lack of proper staff.

vii) The system of examining the students has been without reference to his class work and performance in field. So-much-so the student does not engage himself in his work. For the teaching to be more meaningful and for the training to be successful separate marks as class marks is to be set apart when the students are bound to realise the importance of daily work and regular attention to the subjects.

viii) The Theory papers on clinical subjects may include some aspect of environmental and Social medicine for effective integration.

ix) Many a time the department and the institution will suffer for want of physical facilities and transport and

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certain equipment. At present the UNICEF authorities are supplying vehicle and equipment etc. to the extent of 5,000 dollars provided there is a minimum fulfilment in the staffing pattern. It may be observed that some Medical Colleges get the benefit of this and some having the same type of staffing pattern are not able to get the same benefit.

x) Participation of interns and students in the National Programmes has to be more intimate. The present method of certifying satisfactory performances of internship is not full-proof. It is better a qualifying Examination is held at the end of internship by a Board to be appointed by the Indian Medical Council in each State.

xi) It may be examined whether the present method training the interns could not be altered so that stress is laid on the preventive aspects and Maternity and Child Health Service, National programmes and Health Centres. It is a matter of personal opinion as to how much an intern can pick up the practical aspects of surgery, medicine and Obstetrics within a period of three months. Is it not better to give more importance to Rural Services and National Health Programmes during interneeship?

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Field Practice Programme of Department of Social and  
Preventive Medicine, Kasturba Medical College, Manipal.  
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The Department of Preventive & Social Medicine, Kasturba Medical College, Manipal was organised in July, 1970.

I. Name & Location of the Rural Field Practice Area: Primary Health Centres, Hiriadka & Brahmavara (S.K. Dist) are 8 & 12 miles away from Manipal.

II. Physical facilities: Accommodation:

i) Out-patient Deptt. consists of 4 rooms each, 12 ft. x 9 ft..

a) Consultation room of Medical Officer.,

b) Pharmacy!

c) M.C.H. & F.P. staff.

d) Laboratory.

ii) In-patient ward: Facilities for admission of inpatients have not been provided .., so far, viz: Beds & Lockers.

iii) Hostel accommodation:- Govt of Mysore is now contemplating to provide hostel accommodation for Interns.

Quarters have been provided for the staff working in both the Primary Health Centre.

III. Organisation: The administrative control of both the Primary Health Centres is with the Medical Officer's,

.., under the overall control of the District Health & Family Planning Officer, (S.K. Dist). The Professor of Preventive & Social Medicine, Kasturba Medical College, Manipal utilises the field facilities for training the undergraduates and Interns.

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Staff of each P.H.C. consists of :-

1. Medical Officer (Male)	1.
2. Lady Medical Officer	1
3. Pharmacist	1
4. Lab. Technician.	1
5. Senior Health Inspectors	6
6. Lady Health Visitors.	2
7. A.N.Ms	7
8. F.P. Health Assistants	3
9. Basic Health workers	11.
10. School Health Assistants	1
11. Vaccinators	3
12. Clerk	1
13. Computer	1
14. Driver	1
15. Peons	2

Role in National Health Programmes: The Medical students and Interns are taken to the villages where National Health Programmes are being implemented.

IV. Interdisciplinary Co-operation with clinical & other departments:- At present other clinical departments have not been involved. There is close co-operation with the staff of the Primary Health Centre.

V. Existing Training Programme for Interns, Undergraduates, Post-graduates and Para-Medicals:

1. Undergraduates Training: - (List enclosed herewith).

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# RURAL FIELD PRACTICE AREA.

Subject.	Time spent	Year of students.	Observation 'Demonstration. Participation.
1) Primary Health Centre staff & functions,	2 hours	III term	Demonstration.
2) Environmental sanitation. a)Chlorination. b)Construction of Rural type latrine	4 hours	III term	Participation.
3) Nutritional Assessment	2 Hrs.	III Term	-do-
4. Diet survey	4 Hrs.	III term	-do-
5. Control of insect vectors	2 Hrs.	III term	-do-
6. Family health survey (socio economic & sanitation.)	2 Hrs.	IIIterm	-do-
<hr/>			
	<u>16 Hrs.</u>		
7. Family Multiphasic screening-Physical Exam. & Examination of Urine & Blood etc.	4 Hrs.	IV term	-do-
8. Immunisation of family members (smallpox, DPT & BCG).	2 Hrs.	IV term	-do-
9. School Health Examination	2 Hrs.	IV term	-do-
10. Antenatal clinic	2 Hrs.	IV term	-do-
Discussions & symposia	8 hrs.		
<hr/>			
Total :	34 Hrs.		

2. Interns are given training in the Preventive & Social Medicine department for 3 months as follows:-

- |                               |         |
|-------------------------------|---------|
| i) Rural Field Practice area  | 1 month |
| ii) Family Planning programme | 1 month |
| iii) Preventive Paediatrics   | 1 month |

This programme will be modified as soon as hostel accommodation is available for Interns.

VI. Evaluation, if any; of training in service programmes:

So far, the training programme has not been subjected to evaluation.

VII. Proposals for future development:

1. It is proposed to involve the Depts. of Paediatrics and Obstetrics of the Kasturba General Hospital, Manipal shortly.
2. It is proposed to run a Mobile Health Clinic. Already health survey of the neighbouring villages has been conducted.
3. The Para-Medical personnel, such as, student Nurses, and Public Health personnel will be involved in training programme.
4. Family Planning and Eye camps will be organised in the near future.

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Field Practice Programme of Department of Social and  
Preventive Medicine, Medical College, Kottayam,  
Kerala.

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Location:

Medical College, Kottayam has got only a rural field practice area attached to the Department of Social & Preventive Medicine. The main centre is situated at Ettumanoor Panchayat about 10 Kms. to the north of Medical College, Kottayam. This Health Centre caters to a population of 31,000 spread out over an area of about 10 sq.miles in the Ettumanoor Block. There are 3 subcentres at Punnathura, Peroor and Vallikad.

Physical facilities:

The main centre has got an outpatient section consisting of 12 rooms - a large waiting room, separate rooms for the Medical Officers and other senior staff members, dispensing, dressing, minor surgery, laboratory, a store room and a latrine, connected by a corridor to the Inpatient block which also consists of 12 rooms. There are 16 inpatient beds, in 4 wards, 4 each for male and female, maternity and paediatric cases, in addition there is a labour room, a store room, a duty room, a kitchen and bath rooms.

Adjacent to this main block, there is a House-surgeons quarters with facilities for accommodating 6-10 house-surgeons. All these are fully furnished and have water & electric connections. Each subcentre has facilities for M.C.H. Clinic and residence for the Auxiliary Nurse Midwives and 4 to 6 trainees.

Organisation -

The administration of the centre is directly under the control of the Administrative Medical Officer, who is also the Professor of Social & Preventive Medicine Department at present

The Principal, Medical College, Kottayam is in overall charge of the Centre. The Medical Officers ~~or~~ paramedical staff are from the State Health Services Department. Good relationship maintained with the State Health Directorate, Dist. Medical Officer of Health, Block & Panchayat authorities. There is a Health Centre Advisory Committee with the Panchayat President as the Convenor which meets once in 2 months to discuss matters relating to the Health Centre. The Health Centre takes an active part in the implementation of the National Health Programmes.

#### Interdisciplinary co-operation:

At present the department that co-operates most is the Paediatric Department. In collaboration with that department, baby clinics are conducted twice a week in the main centre. Other disciplines are co-operative as and when request is made.

#### Training programmes: -

a) House-surgeons - House-surgeons are posted for 3 months' training in the Health Centre, out of which one month is spent in the Department of Paediatrics. The rest of the 2 months are spent in the O.P., Wards, Field, Laboratory, and in subcentres. . As there is lack of accommodation, residency post at the centre is only for 2 weeks by rotation. They go to the field with the senior Health Inspector and Public Health Nurse to supervise and participate in the field activities. Special care is taken by the senior Health Inspector to demonstrate to them activities like disinfection of wells, hotel, market and factory inspection etc. In small batches they conduct school medical inspection and Health educational activities. As far as possible one domiciliary delivery call is attended by the trainees and they are taught the details of ante-natal, and postnatal check up

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of mother and infant care in the homes. In addition, they are sent for one day Health camps, Family Planning camps and for Health exhibitions. The House-surgeons are instructed to keep a personal diary to note their day-to-day work, and this diary is submitted weekly to the Professor. Discussions and Seminars are held periodically to review and if necessary modify the programme.

b) Undergraduates:- The IV Year medical students have field work on Saturday forenoon. They are taken in batches to the Health Unit area and are allotted families for comprehensive family health care programme. They study the family thoroughly and try to correlate the effect of environment on health and disease. Wherever possible, treatment of minor ailments are carried out in the homes like treatment of worms, scabies, vitamin deficiency etc. and other needy cases are referred to the J.H. Centre or M.C. Hospital. Routine immunisations are given to the children by the students. Disinfection of wells and installation of sanitary latrines are taught by way of demonstrations. Health education is particularly stressed during all aspects of field training. The students also also get an opportunity to know the routine work of the field staff and also the implementation of National Health Programmes. The field training of undergraduates are supervised by the teaching staff and periodic discussions and seminars are held to evaluate the work.

c) Paramedicals:- Various paramedical trainees like Health Inspectors, L.V. Midwives, Health Visitors, Nursing students etc. undergo field training here. The type of training and duration vary with the category of trainees. Their programmes are drawn up by the parent institutions and implemented jointly by the Health Centre staff and teachers from their own institutions. Assessment of training is done by their own teachers.

For Health Inspectors, subjects like environmental sanitation,

control of communicable diseases and Health education are given special importance and are taught by way of surveys and action programmes.

In the training of Nursing personnel more importance is given to Maternal & Child Health, Family Planning, Health Education, domiciliary midwifery and Home care of patients. Some of these trainees are made to stay in the subcentres in small batches during their period of training.

d) Postgraduates: - No postgraduates at present. 3 years back a D & F.H. student of Johns Hopkins' University studied the feasibility of involving Indigenous Medical practitioners in National Family Planning Programme in the Health Unit under the guidance of the then Professor.

Evaluation: -

A general Health survey was done prior to the setting up of the F.H. Centre, and a resurvey 5 years later. The lessons learnt from these & other studies may be summarised as follows: Main problems are malnutrition, insanitation and overpopulation. People are aware of these problems, but they are more interested in curative service programmes rather than in preventive services. The apathy and indifference appear to be related to low economic state and social unrest.

Majority of the trainees are disinterested in Public Health practice probably because the results are neither dramatic nor the efforts lucrative. The few sincere and earnest students on the other hand get frustrated due to the multitude of practical difficulties they encounter and the relatively poor results.

Impediments for future development: -

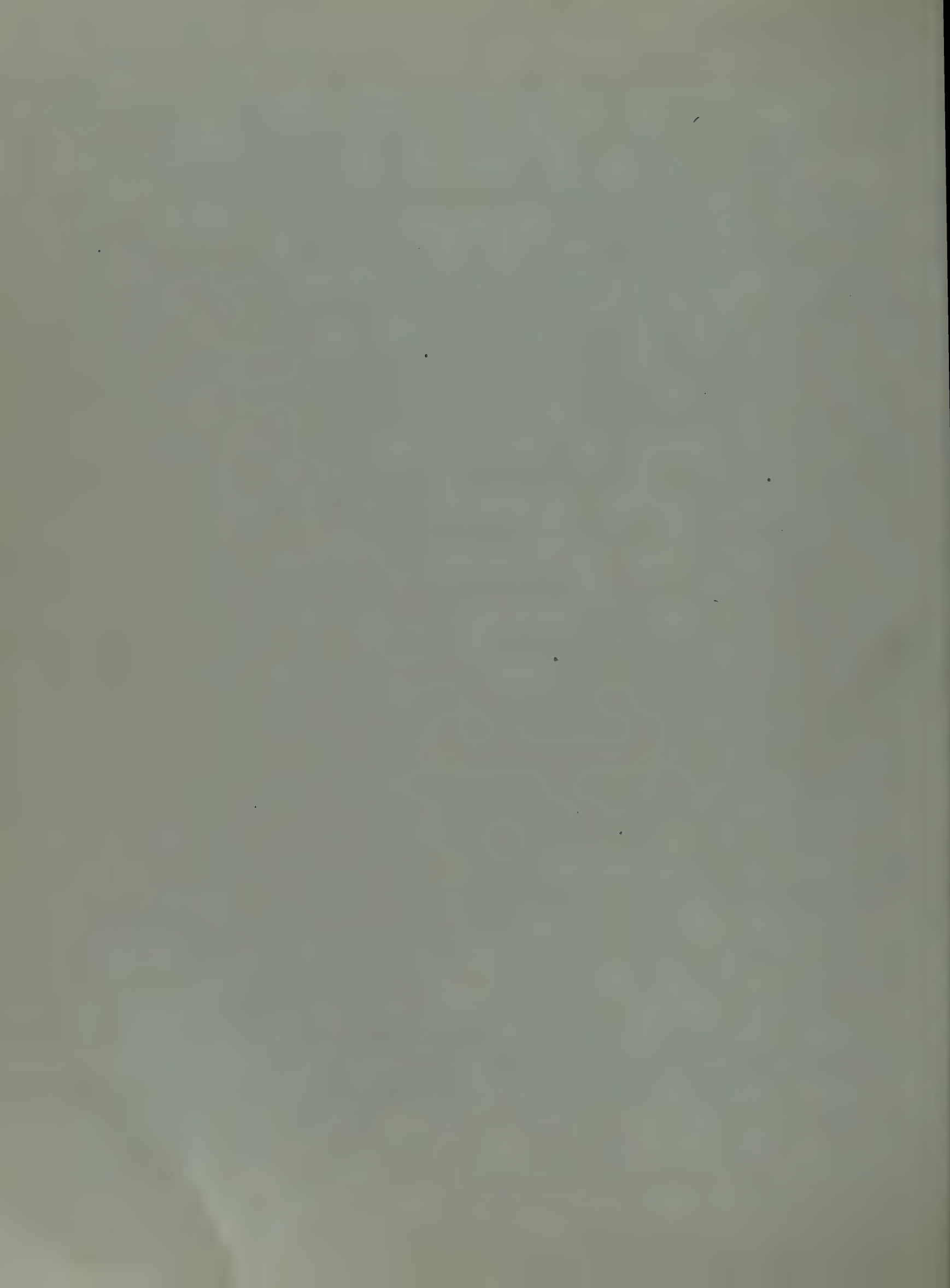
1. There is no urban health centre at present. A project is



convert a Municipal M.C.H. Centre into an Urban Health Centre  
as per the plan with 10 beds.

2. More speciality clinics like V.D., Dental, Gynaecology to be  
held at the main centre.
3. More surgeons to be made resident in the main centre as well  
in the Urban. Adequate facilities to be provided for the  
medical officers and para-medical staff.
4. Health camps to be conducted more frequently in the remote  
villages.

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FIELD PRACTICE PROGRAMMES IN THE DEPARTMENT OF  
PREVENTIVE AND SOCIAL MEDICINE, MEDICAL  
COLLEGE, TRIVANDRUM, KERALA

1. Location of the field practice area

- a) Urban:- Medical college Health Unit, Pangappara, located about 5 miles away from the Medical College. (Population covered-193,000. Area covered-23 square miles)
- b) Rural:- The Indo-Norwegian Medical College Health Unit, Neendakara, located about 45 miles away from the college, at Neendakara in Quilon District, (Kerala). (Population covered-20,196. Area covered- 5 square miles)

II. Physical facilities:

Urban centre:- There is one Main centre located at Pangappara and seven sub-centres, one each, at Pongumoodu, Edavacode, Mannathala, Attipra, Aruvikkarakonam, Paulikonam and Jnandoorkonam.

Rural centre: There is no Main centre at Puthenthura, Neendakara and one sub-centre at Sakthikulangara.

Physical facilities for Service programmes:

Urban centre:- Main centre:

1. O.P.D. facilities for general, Ante-Natal and Paediatric clinics
2. Operation theatre for minor surgery, including sterilization operations for male
3. Clinical Laboratory
4. Facilities to carry out feeding programme
5. A Willys Jeep.

### Sub-centres:

- 1.O.P.D.facilities for general, Ante-Natal and Paediatric clinics
- 2.Facilities for conducting domiciliary deliveries
- 3.M.C.H. centres function as feeding centre also.

### Rural centre:

#### Main centre:-

- 1.O.P.D.facilities for general, Obstetrics and Gynaecology, Paediatrics, Tuberculosis, Leprosy and Dental clinics.
- 2.In patient facilities for Obstetrics and Gynaecology (16 beds) and paediatrics (24 beds)
- 3.Casualty-2 beds
- 4.Well equipped Operation theatre.
- 5.A well equipped clinical laboratory.
- 6.Facilities for feeding programmes.
- 7.An X-ray plant with facilities for screening only
- 8.Ambulance-2 (1 donated by the Norwegian Government in 1971)

### Sub-centre

- 1.O.P.D.facilities with general, Obstetrics and Gynaecology and Paediatrics sections.
- 2.Facilities for domiciliary deliveries
- 3.Facilities for minor surgical procedures
- 4.Facilities for feeding programmes.

### Physical facilities for Training programmes:

#### Urban centre: 1.Vehicles: 2 UNICEF vehicles of capacity 12 each

One bus of capacity 20

One Station Wagon of capacity 4.

2.Lecture hall-cum-Museum

3.An open-air theatre.

#### Rural centre:

1. One UNICEF Vehicle of capacity 12

2. Lecture-cum-demonstration hall.

3. A.V.Aids, like Cine-Projector, Flannel-graph etc.

### III. Organization:

The Medical College comes under the direct administrative control of the State Health Ministry. Both the Health Centres are directly under the Medical College, Trivandrum. The administrative and technical control of the centres rest with the department of Social and Preventive Medicine.

All the National Health Programmes are being implemented in both the Field Practice areas with the help of the concerned staff attached to the programmes.

### IV. Inter-disciplinary co-operation with other clinical and other departments:

Integrated seminars are conducted where students present the topics assigned to them in the light of their experience which they gain from their field visits, institutional visits etc. Staff and Programme officers from the related departments participate in the seminars.

A team of specialists from the Medical College participate in the undergraduate training programmes, both at the urban and rural centres.

In the rural centre, One Assistant Professor each, from the departments of Paediatrics, and Obstetrics and Gynaecology are residing in the campus of the centre which bears witness to the inter-disciplinary cooperation with other clinical departments. The A.M.O. of the centre is also resident in the area.

In the Urban centre, the Paediatric clinics are run by staff from Paediatrics department.



V. Existing Training Program uates, Interns,  
Postgraduates and Para-medicals

Undergraduates- The III year M.B.B.S. students (first year of clinical study), are posted on Saturday forenoons in the department of Social and Preventive Medicine.

They are divided into convenient batches and each batch of students, entrusted to a preceptor. Each batch attends to Family Care Programme, Statistics classes, Entomology practical classes, institutional visits (Public Health and Social welfare agencies) by rotation. In the Family care programme, each student is allotted 2 families, which, they study in detail in this posting and then have a follow-up during the next posting in the department which they get in IV year MBBS period.

Further follow-up of these two families will be done during their internship. In the family care programme each student conducts individual examinations of the family members, with a detailed study of the housing and other Socio-economic environment. He is responsible for Health Promotion and Preventive services, and Health supervision and Health restoration, under guidance of the preceptor.

Interns: Out of the three months, one month is spent in the Paediatrics department and one month each, in the Urban and Rural Centres. They reside at the rural centre during their posting. In the Health Centres, they participate in all the Service programmes including School Health and Health Education, and work with the concerned staff. Although the National T.B. Control Programme is being carried out at the Health Centres, the interns are also given one week's special

training in the District T.B. Centre. Also, they are given a chance to study the working of a SET centre by taking them to Primary Health Centres to which SET Centres are attached.

During this period, they do the follow-up of the houses in continuation of the follow-up which they have done during their IV year MBBS period and submit a report of the work done in the families along with the progress of work. They also visit chronically ill patients in their homes.

Post-graduates:D.P.H.students: During the Course, they are given one month's training in the Health Centres-2 weeks each in the Rural and Urban Centres. Here they carry out the routine duties of the Medical Officer-especially supervising the field staff. They help the Health Inspector and Public Health Nurse to organize and conduct immunization programmes, School Health Programmes and Health Education work in the respective centre. They visit the chronically ill patients in their homes. They also conduct surveys on selected Medico-Social problems.

Para-medicals:- Basic Nursing Students: Public Health Nursing experience for a period of one month during the 2nd year of the course.

During the 4th year of their course they are given three months' training in domiciliary Midwifery in the Urban Health Centre.

B.Sc Nursing Students: They are posted to the Urban Health Centre for a period of 2 months during the 2nd year-Family Care programme.

ANMS are given 1 month's training during the 2nd year in the public Health Nursing.

Health Visitors: 3 months' P.H.Nursing experience

Health Inspector Trainees: Total number of trainees per year 60. 20 houses in the Urban Field Practice area are allotted to each of the trainees. Base line data are collected from each of the houses. They observe and participate in immunization and Environmental Sanitation Programmes in the area. They give nutrition education to the people and conduct diet surveys. Their performance in the field are presented periodically during discussions and seminars.

#### VI. Evaluation of service programmes with reference to the Rural Centre:

There has been a two-fold increase in the average daily OPD attendance in 1971 as compared to that of 1964. (the year in which the centre was taken over by the Medical College)

An analysis of the number of OPD attendance (Obstet. and Gynaec), admissions, and deliveries from 1968 to '72 shows that there has been a phenomenal increase in each of the above three categories over the past 4 years.



Family Planning: An year-wise analysis of the number of vasectomy operations done shows that there has been a fall in the number of vasectomies done over the past 6 years.

P.P.S. programme was started only in 1968. With a single case of P.P.S. done in May 1968, the health unit has achieved a record number of 101 sterilizations in October 1972. This centre stood first for conducting 52 P.P.S. operations in the National Family Planning fortnight from 18.10.70 to 31.10.70 observed in Kerala State.

There were 39 IUD insertions in 1972 as compared to that of 28 in 1966.

#### VII. Proposals for future development

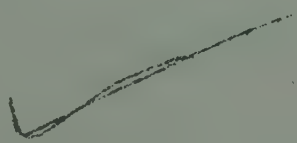
1. Conveyance facilities for students and staff members are not adequate at present. This is to be increased.
2. More tutors are to be allotted for field supervision and field teaching
3. Provision of accommodation and other facilities in the Family Welfare centres which are remote from the main centre, so that the interns can be given complete charge of such centres. This will be beneficial to the local people also as only one ANM and an Ayah are stationed there at present.
4. More funds should be provided for carrying out an effective School Health Programme.
5. The population to be covered by an ANM or B.H.W. is at present 10,000. For effective coverage this should be reduced to maximum of 5-6 thousand population per ANM or B.H.W.

# STAFF PATTERN

## Rural Centre

## Urban Centre

Officer-in-charge of - Administration	1	Officer in charge of Administration(Astt.Prof. of P & S.M)	1
Assistant Professor (1 Paediatrics)	2	Medical officer	1
(1 Obst & Gynae)		Medical Officer(Lady)	1
Public Health Nursing	2	Health Inspector Grade I.	1
Tutors		Health Inspector Grade II	1
Health Inspector	1	Health Assistants	5
Social Scientist	1	Health visitors	4
Leprosy Health visitor	1	Health visitor-Paediatrics	1
Medical Record Tech.	1	Nursing Assistants	2
Pharmacists	2	Auxiliary Nurse Midwives	4
Staff Nurses	5	Ayabs	4
Laboratory Technician	1	Pharmacist	1
Hospital Attendants	5	U.D.clerk	1
Grade II		Typist clerk	1
Hospital Attendants	3	Peons	2
Grade I		Watcher	1
Nursing Assistants	5	Driver	1
Midwives	2	Van cleaner	1
Cooks	2	Part time gardner	1
Dhoby	1	Part time casual worker	1
Drivers	2		
Head clerk	1		
L.D.Clerks	2		
Stenographer	1		



Field Practice Programme of Department of Social and  
Preventive Medicine, Gandhi Medical College, BHOPAL.

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Urban field Practice Areas:

1. Family Care Programme.

Date of establishment 1970. Accommodated in present premises since 1972 April.

a) Physical facilities:

i) Accommodation: one room in the O.P.D of Hamidia Hospital, teaching hospital for all clinical subjects except Obst. & Gynaecology of the Medical College.

ii) Staff: One Health Visitor exclusively for this programme and one Demonstrator of the Prev. & Social Medicine Department.

b) Service: Episodic Medical Care, Specialist Consultations Preventive & Promotive Services to the Families allotted to students.

c) Training of Medical Undergraduates through allotted families.

d) Organisation: Under administrative control of Prev. & Social Medicine Department.

e) Interdisciplinary co-operation with clinical and other departments exists.

2. Urban family Welfare Planning Centre:

Date of establishment: 1968, in a Maternity Child Welfare Centre 2 furlongs from the hospital shifted to present premises in April, 1972 at Hamidia Hospital.

a) Physical facilities:

i) Location: O.P.D of Hamidia Hospital in one room 19' x 19' and verandah (open) 36' x 15' Minor Operation theatre available for Vasectomies.

ii) Staff: One Assistant Surgeon, One Woman Assistant Surgeon, One Block Extension Educator, One Lady Health Visitor, One Field Worker, One Midwife and One Wardboy.

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- b) Services: Curative, Preventive & Promotive to mothers, children, sterility cases, prospective Vasectomy tubectomy cases and sterilised males & females including vasectomy operations, loop insertions and distribution of contraceptives.
- c) Training programmes: Interns, Medical Undergraduates and student nurses.
- d) Organisation: Administrative and Fiscal Control of Superintendent Hamidia Hospital, Bhopal.
- e) Proposal to integrate family care programme with Urban Families Welfare Planning Centre which will be under technical control of Prev. & Social Medicine Department.

3. Community Health Centre for Urban slum communities near Seva Sadan.

Date of Commencement August 1972 as part of 25 years of Independence Celebration.

a) Physical Facilities:-

- i) Accommodation: temporarily in a covered Badminton Court 6 Km. from College.
- ii ) Staff: Bhopal School of Social Sciences
 

Professor of Social work	1.
Field Staff	2

 Team of Doctors from Prev. & Social Medicine and Paediatrics department and School of Nursing of Hamidia Hospital, Bhopal.

- b) Services: Weekly clinics giving episodic medical care, referral service, preventive and promotive services.
- c) Training: Post-graduate students of Paediatrics and Prev. & Social Medicine departments, Medical Interns, Medical Undergraduates, student Nurses and Students of Bhopal School of Social Sciences.
- d) Interdisciplinary Cooperation: Presently with Paediatrics and proposed with other departments proposals for undertaking

contd ....

nutritional survey of pre-school students and family care are being finalised.

- e) Organisation: Administrative Control of Bhopal School of Social Sciences, Voluntary Organisation, affiliated to Bhopal University.

R u r a l :

Field Health Centre, Obaidullaganj.

Location: 36 Kms. from Bhopal.

- a) Physical facilities: Hostel for interns and Nursing students lacking presently accommodated in one doctors quarter. Proposal for hostel being processed.

1. Staff: Doctors:- 4 of Class II status, designated as Assistant surgeons transferred from General District cadre.

2. Health Visitors	3
3. Block Extension Educator	1
4. Sanitary Inspectors	3
5. Accountant Cum Store Keeper	1
6. Computer	1
7. Health Assistant Trachoma	1
8. Compounders	7
9. Midwives	15
10. Dais	3
11. Vaccinators	2
12. Drivers	2
13. Other Class IV Staff	7

- b) Services: Preventive, Promotive & Curative.

c) Organisation: Under administrative and fiscal control of Dean but the Medical Staff do not belong to the teaching cadre but to the general administrative cadre, participates in all National Programmes.

- d) Interdisciplinary Co-operation with departments of Paediatrics, Obst & Gynaecology and Orthopaedics, exists and envisaged with remaining departments.
- e) Training programmes for Interns, Undergraduates, Post-graduate and Nursing Students, and applied Nutrition Programme training for paramedical workers.

Evaluation of NSEP and Family Planning Programmes.

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Field Practice Programme of Department of Social and  
Preventive Medicine, Pt. J.N.M. Medical College, Raipur  
(Madhya Pradesh)

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Raipur is the biggest city as well as the administrative cultural and educational headquarter of chhattisgarh region, popularly known as "The Rice Bowl of Madhya Pradesh". It forms the gateway for Bastar the biggest tribal district of India. Hundreds of Rice-mills and Bhilai steel Plant with other subsidiary industries nearby have resulted in rapid industrialisation of the area. Since the time of independence the city had been actively involved in acting as a temporary host for Bangladesh refugees at Mana transit camp. Hence the selection of field practice area for the medical College was planned in such a way so as to provide ample opportunities for the students and research workers to make first hand studies of the medico-social impacts of not only agro-rural economy but also of rapid urbanisation, industrialization migration etc.:

The college has evolved five types of field practice programmes as follows:

1. Rural field practice programme at Dharsiwa.
2. Urban field practice programme at the slum area of Khaparabhatti, Raipur.
3. Field practice programme at Mana transit camp.
4. Field practice programme under chittaranjan mobile hospital attached to the college for the rural and tribal areas nearby.
5. Field practice programme to undertake epidemiological investigations of any serious epidemics in the region.

1. Rural field training programme: - For this purpose Primary Health Centre, Dharsiwa with all its staff and equipment was transferred from district administration to Dean, Medical College and is being supervised by the Deptt. of Social and Preventive

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Medicine. The Dharsiwa block has a population of 1,20,000 in 124 villages and has six subcentres attached to it. A temporary Hostel for lodging six interns has been established at Dharsiwa (24 Kms) from Raipur where the interns are to stay for a period of one month. Two clinics a week (one at P.H.C. and one at the Subcentre) are organised under collaboration with deptt. of paediatrics and Gynaec. and Obst. and provide learning opportunities for postgraduates of these deptts also.

2. Urban field Training Programme: Due to distance factor the rural field area is not so easily approachable for routine field training to undergraduates and therefore an urban field practice was developed in an adjoining slum area. For this purpose a two room building was hired at the slum itself and four hundred and fifty families divided into four wards have been registered. There is no staff sanctioned for the urban centre but it is run by the staff of the department attending the urban centre during the morning hours. Two units (One professor's and one Reader's) have been created which carry out the O.P.D. and field work on alternate days. Interns are posted for one month at urban centre and learn the techniques of field work and domiciliary services under the direct supervision of teachers of the deptt. The undergraduate students are allotted families with a mother and child and a family with a chronic case for their longitudinal studies. One post graduate has been allotted the slum survey for his M.D. thesis in P.S.M.

3. Field practice programme at Mana transit camp

During the influx of Bangladesh refugees in 1970-71 the administration became actively involved in their health care and a field practice programme was established at Mana where every intern had to stay for one month. All facilities for interns stay and work were provided by the Mana Camp Authorities

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and university recognised this camp for field training programme of interns. A thesis for M D was also based on Health Survey of the camp inmates.

4. The Chittaranjan Das Mobile Hospital: has been started in the college and it provides an active field training opportunity for final year students and interns in the rural and tribal areas for two months.

5. The department is also actively involved in many important epidemiological investigations in the area. During the cholera outbreak in 1970 the epidemic was duly investigated by the department in collaboration with department of Pathology and microbiology. However there is no post of epidemiologist.

Proposal for future Developments: The department has already been approved for unicef aid. A plan for 25 bedded interns hostel at Rural Health Centre has been submitted. However due to shortage of staff, it is not possible to fully exploit the teaching potentialities in the field practice programme. It is being considered to create a post of Reader who will stay at the rural centre itself. Two posts of lecturers (One in Health education and other in Statistics) have already been created but yet to be filled up.

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FIELD PRACTICE PROGRAMME OF THE DEPARTMENT OF  
PREVENTIVE AND SOCIAL MEDICINE, S.S. MEDICAL  
COLLEGE, REWA, M.P.

This Medical college was stated in the year 1963 and the first batch of students appeared in Preventive and Social Medicine in July, 1966. Rewa had been a capital of the erstwhile Vindhya Pradesh. At present it is only a Divisional headquarter in M.P. This town with an approximate population of 70,000 is not connected with railway lines and is situated about 58 kms from Satna, on Bombay-Calcutta railway lines and about 145 kms from Allahabad.

The Government of Madhya Pradesh admits only 60-70 candidates in this medical college every year after their qualifying in pre-medical test.

The main Department has got the following technical staff:-

<u>Name of the post</u>	No.
Professor	1
Reader/Asstt. professor	1
Lecturer	1
Demonstrator	1
Laboratory technician	1
Medico-social worker	1

1. Location of the Field practice area:

1. URBAN HEALTH CENTRE:- There is an Urban Health centre of the Department situated about 2.5 km. from the Medical college building. It is situated in a Mohalla known as

Nehru Basti. About 360 families having an approximate population of 1500 have been registered for "Family Care Programme" by the Internees and Under-graduates Medical students. Though the area has got heterogenous population as far as the Socio-economic status, religion and castes are concerned, there are about 295 families of Scheduled Caste communities living in this locality.

The Centre is accommodated in a small asbestos sheet building. There is enough space for the examination of patients. There is a small laboratory in which routine blood, stool, urine and sputum examinations are carried out. Facilities for teaching and demonstration for the students are also provided in this building.

The working hours of the centre is from 7.30 A.M. to 11.30 A.M. There is no separate staff for this centre and is run by the Demonstrator, Laboratory Technician and Medico-social worker of the Department. There is no separate budget provided for Medicine and these are made available only from drugs which we receive for Rural Health Training Centre. The common Mixtures, ointments etc are obtained from the teaching G.M. Hospital.

## 2. RURAL HEALTH TRAINING CENTRE:

This centre is located in a village Rampurbaghelan situated on Rewa-Satna bus route, in Satna district about 30 km from Rewa. Rampur Baghelan is a community development Block



headquarter with a population of little over 3,500.

(i) Buildings: There are two buildings to provide health care to the population, one building which is situated in the heart of the village and is a regular P.H.C. building with O.P.D. and indoor facilities, while the other which is about half km. distance is meant to provide family planning services. This centre caters 224 villages having 1,22,000 population. There are 6 sub-centres functioning with the main centre to provide M.C.H. services including family planning through one A.N.M. and one F.P. Helper.

The daily average O.P.D. attendance for 1971 was 110 patients (old and new). There are 8 indoor beds provided for inpatients. facilities. These beds are always occupied and extra beds are provided to the patients. The bed occupancy rate for the year 1971 was 109%.

There is small laboratory with a microscope for routine laboratory examination. A small operation theatre is provided for minor operations. Apart from facilities for Dispensary and Stores there are separate sections for M.C.H. services and for vaccination facilities against small pox, Typhoid, cholera, Diphtheria, Tetanus and Whooping cough and for keeping the records of vital statistics.

In family planning building entire work on family planning is being carried out including vasectomy tubectomy operations, holding of monthly meetings etc. Staffing pattern:

Posts	Regular	F.P.	Total
1. Assistant surgeon	1	1	2
2. Health visitor	1	1	2
3. B.E.E.	-	1	1
4. Computer	-	1	1
5. Sanitary inspector	1	-	1
6. Acctt. Cum storekeeper	-	1	1
7. Compounder	1	-	1
8. Dresser	1	-	1
9. Midwife	4	3	7
10. F.P. Fieldworker	-	3	3
11. Driver	1	-	1
12. Other conting. staff	4	7	11
	14	18	32

The Health Centre imparts all those promotive, preventive and curative services to the entire population which are given by other primary health centres of the district. The P.H.C. takes active participation in the implementation of all the district health programmes, like case detection, Malaria Eradication programme, vaccination in Smallpox, Eradication programme, Control

of communicable diseases, F.P. programme along with the Maternal and Child Health Services and imparts services to the school going children.

(2) Inter Disciplinary Cooperation:

Members from the departments of Paediatrics and Obstetrics and Gynaecology paying weekly visits to the urban and rural health training centres on every Thursday and Friday. These consultants along with a member from the department of P.S.M. not only render integrated medical care to the people of these centres, but carry out integrated teaching on selected topics, like growth and development of children, nutrition, communicable diseases, family planning, etc. The department of P.S.M. also co-ordinate in 'Under-Five Clinics' organised by the departments of Paediatrics and also participate in extension lectures and seminars organised by the department of Medicine.

(3) Training Facilities:

1. Undergraduates: The main area for field training programme for the 'Undergraduates' is the R.H.T.6 Rampur Baghelan. The students are taken in the afternoon in the bus provided by the M.P. Government. Following field visits are taken up for the undergraduates:

(i) Visits to the Health centre: They are made aware



with the situation, staffing pattern and working of various sections to give integrated health to the people of the area.

(ii) Bedside case study: Students are allotted cases at R.H.T.C. to write Medico-Social history. The cases are discussed by a senior member of the department in the light of natural history of the disease process and they are explain the levels of prevention which could have been practised and the causes of failure to practice those levels. Such two visits are made for this type of teaching.

(ii) Nutrition and Diet survey: Students in batches of 3-4 carry out nutrition and diet surveys (for one meeting by weightment method) in selected families. This is always assisted by a teacher from the department. Later on they are made to calculate the nutrient values of the diet with the help of I.C.M.R. special report series No.42. The results are presented by the students after tabulation.

(iv) Medico-social study of a Chronic Disease:

(2 visits) For this, study of Tuberculosis or Leprosy is carried out. They are asked to carry out a survey of a few affected and unaffected families in the same locality. The results are analysed, tabulated and processed by the students in the class.

(v) General Health Survey (2 visits) Students are made to carry out general health survey in selected families in rural and urban health centre areas. This gives the students an

opportunity to study the nature of disease prevalent in rural and urban communities.

(vi) Family Planning (1 visit) Students are taken to rural area to observe the methods of health education and propaganda for motivating the people to accept family planning.

2. Internees: Internees are posted for a period of two months in the department of Preventive and Social Medicine. At present there is a small hostel having an accommodation for 4-5 internees. Two new hostels with accommodation of 20 and 10 for boy and girl internees respectively are ready at the R.H.F.C., Rampur Bghelan to be handed over by P.W.D. in the month of March. There is one vehicle of the health centre. The internees are involved in such a way that they become aware with the routine working of the health centre and they also learn the common medico-social problem of the area. Their working programme is summarised below:-

(a) Sub-centre visits (12 days for 6 sub-centres)  
They are made to see various records and asked to discuss the problem with A.N.M. and F.P. Field worker of the centre.

(b) Medical Care: (7 days) Students conduct O.P.D. and indoor work for patients. They carry out routine laboratory investigations of the indoor and outdoor cases. Whenever any staff member of the department visits the centre the

interesting cases are discussed as far as the Medico-social aspects of prevention of the disease are concerned

(c) Family-care(7 days) Students in batches of 2-3 visit selected families for service cum training programme. They study the prevalence of diseases in these families in relation to their Socio-economic setting and also render cur preventive and promotive services to the members of these families.

(d) School Health Services(7 days)

They carry out periodical health examination of the students. While doing so when they detect any case, the patient is given medical care from the centre. They also carry out immunization against Diphtheria, Tetanus, and smallpox.

(e) Family Planning(7 days) Internees participate in camps, seminars and other motivational approaches along with the F.P. staff of the centre.

(f) Urban Health Centre(15-20 days) Internees are posted for a period of 15-20 days at the Urban Health centre. Here they participate in Health education and vaccination programme at the 'Under Five Clinics' on each wednesday and for rest of the days they conduct the O.P.D. and also visit families for service cum training programmes in the Urban Health centre area at Nehru Basti, Rewa.



3. Postgraduates The postgraduate students are involved in the field practice programme in two ways: (a) They participate in all undergraduate field visits and also work with the interneers when and where it becomes feasible for them (b) They are often allotted a subject of thesis on important health problems in either rural or urban health centre areas. A few examples are given below:-

(1) Assessment of nutritional status of scheduled caste communities residing in urban health centre area in Rewa town (This thesis has been accepted)

(2) An epidemiological study of blindness in Rewa Town

(3) A general health survey of people residing in area of Rural Health centre Rampur Baghelan.

(4) A study of Medico-Social problems of sterilised males in area under R.H.T.C., Rampur Baghelan.

#### PROPOSAL FOR FUTURE DEVELOPMENT

1. Recommendation to M.C.I: It is important that M.C.I. should lay down specific recommendation for the staff in Urban health centres for the department of P.S.M. This will carry a weight for asking the concerning state government for the sanction of the staff.

2. Staff-for R.H.T.C.: There is no uniform pattern of staff for R.H.T.C. It is important that a qualified person in public health should be made in charge of the health centre. The health centre organization should be similar to that of collegiate level like:-

1. Assistant Professor	1
2. Lecturer	1
3. Demonstrator	1
4. Assistant surgeon	1

One of these posts must be woman M.O.O.

This recommendation is over and above the recommendation given by M.C.I.

3. Budget: There must be sufficient budget all tment to meet the expenditure on medicine etc. for urban and rural health centres. At present there is no budget provision for urban health centre and looking the number of cases, the budget for rural health centre for purchase of medicine is inadequate. It varies from Rs. 1,000 to Rs. 3,000.

4. Buildings: At many places there is no building available for urban H.C. while sub-centre buildings are very poor in many rural health training centres.

5. Period of posting of interneers: - The Medical Council of India has recommended a period of 3 months posting for interneers.

Field Practice Programme of Department of  
Preventive and Social Medicine, Medical  
College, Aurangabad

The Preventive and Social Medicine department has a rural training centre and an Urban Health Centre for field practice programmes. Both these are established and maintained by the Government of Maharashtra as part of the Medical college establishment.

A) The Rural health unit is situated at Paithan on the banks of Godavari River, 65 km. from Aurangabad. It started functioning from 15th February 1965.

A demarcated area of 38089 kms. having a population of about 50,000 distributed in 40 villages is entrusted to the health unit. In addition to the unit headquarters there are 6 sub-centres situated in different parts of the area.

Recently the Civil dispensary Paithan has been handed over to the unit, thus making available 8 beds for indoor admissions. A separate budget of Rs. 1.5 lacks per year is allotted for this training centre. The office of the training centre and the outpatient clinic, with minor operation theatre, dispensary and laboratory are situated in rented buildings. Two separate buildings are rented for hostel accommodation for interns—one for 15 boys and one for 10 girls. Two vehicles supplied by UNICEF are available for field programs. A small library with 88 books is available to the interns. A Reader in Preventive and Social Medicine is the Medical Officer I/C of the centre.



He is responsible for routine administration and supervision of the training program. The staffing pattern is given in Table 1.

Outpatient clinics are conducted at the sub-centres on alternate mornings and every afternoon at the head-quarter village. Specialists Paediatrics, Obstetrics Gynaecology, and Preventive and Social Medicine visit the centre once a week and those from Medicine and Ophthalmology visit once in two weeks. They see cases referred by interns and guide their clinical work.

A vaccination, a malaria worker, a leprosy technician and family planning co-ordinator from the National Programmes work in co-ordination with the health centre staff. The interns participate in curative, preventive and promotive activities.

1. Basic curative care is given through the outpatient clinics. The interns are responsible for examination, treatment, dispensing, dressings and injections, laboratory investigations and follow-up when necessary.
2. Antenatal, postnatal clinics are conducted weekly. T.T. is given to all pregnant women and VDRL test done for all new cases.
3. Well-baby clinic and immunization clinic are also conducted every week. Emphasis is given on nutritional advice.
4. Domicillary deliveries are conducted with the help of the A.N.M.S.

5. Family planning advice, distribution of contraceptives and motivation for sterilization are routinely done by interns and all the staff. Vasectomies are conducted at the health unit and tubectomy patients are taken to Aurangabad.

6. School-children in the area are given health check-up periodically and immunizations with D.T. Smallpox etc are done mainly in Primary schools.

7. Communicable disease control. Routine immunizations like for smallpox, B.C.G. DPT, and oral polio are given. Being a place of pilgrimage cholera is a constant danger. Therefore anti-cholera inoculations are carried out on mass scale before the festivals. The area has been free from Poliomyelitis due to our sustained efforts.

8. The interns are involved in intensive health education work. They give talks in schools, using slides and films; arrange demonstrations for nutritional education and small exhibitions for control of communicable diseases.

9. Ad-hoc surveys like detection of leprosy cases in schools and deficiency in vital statistics registration scar survey etc are also done by interns.

Thus the interns remain actively busy during their entire posting of 6 weeks.

- B) The Urban health centre is situated at Shahganj about 5 km from the Medical College, in a thickly populated area of the city. A Reader in Preventive and Social Medicine is in charge of the centre, which is housed in a building specially constructed for the centre. Apart from the out patient clinic, laboratory and X-ray facilities are available. The Medical Officers conduct the morning O.P.D. with the help of interns. Speciality clinics like T. B.C, antenatal, postnatal, F.P., Well-baby and immunization are held in the afternoons when specialists from Medical College can attend. A demarcated area around the clinic is used as field practice area for long term family care programme. Family folders for this population are maintained. Activities are organised on the same lines as those of the rural health centre. One Bedford van supplied by the UNICEF is used for training programme. The regional Family Planning training centre and malaria workers attend the OPD daily to collaborate with the centre.



Table-1

The staff available is as follows:

S.No.	Designation.	No.of posts
1.	Reader in PSM i/c Rural Training centre	1
2.	Medical officer	
	Male	1
	Female	1
3.	Asstt.Public Health Engineer	1
4.	Public Health nurses	2
5.	Health Educator	1
6.	Sanitary inspectors	2
7.	Compounders	2
8.	Sub-Overseer	1
9.	Nurse-Midwives	12
10.	Laboratory technician	1
11.	Senior clerk	1
12.	Junior clerks	3
13.	Drivers	2
14.	Cleaner-cum-mazdoor	1
15.	Fitter-cum-Mistry	1
16.	Class IV servants	13
17.	Cook	1
18.	Female attendants	4
19.	Watchman	2

Staff at the Urban Health Centre

1. Reader in P.S.M. M.O.I/C	1
2. Asstt. Medical officer	
Male	1
Female	1
3. Staff Nurse	1
4. Compounders	2
5. Lab. technician	1
6. Lab. Assistant	1
7. Dresser	1
8. Clerks	2
9. Class IV	4
10. Sweeper	2

FIELD PRACTICE PROGRAMME OF THE DEPARTMENT OF PREVENTIVE  
AND SOCIAL MEDICINE, GRANT MEDICAL COLLEGE, BOMBAY

Introduction:

The Health Unit, Palghar started functioning from 9th November 1956. It has been established to facilitate the orientation of the Medical Graduates and other health personnel and to inculcate in them the need to develop an outlook and desire for comprehensive health care for the community in rural area. The main object therefore is to acquaint them with the community, community health problems, development activities and National Health Programmes in rural areas. It is essential to create better understanding of team approach to the various health problems and hence training of other health personnel has also been taken up. To prepare ground for the orientation and training and to render services to the people, a number of subcentres have been opened in addition to the services at the headquarters.

Location The Health Unit, is located in Palghar town, 87 kms. to the north of Bombay on western Railway. Palghar is a Taluka headquarters and the headquarters of Panchayat Samiti, Palghar.

The Health Unit looks after a population of 66451 distributed in 26 villages of the Palghar taluka in Thana District within an area of 137.28 K.M.

Development work in the area: The Community development work was started in the area on 1st April, 1957. Now the block is in the third stage from 1.4.1967. Following activities of Public Health interest



have been taken up in the area. Horticulture, Pisciculture, poultry, social education, construction of wells, soakage pits latrines, Urinals etc.

Health facilities available in Health Unit area:

Apart from the Health Unit and its sub-centres in various villages there are number of other medical facilities available in the unit area.

There is a Primary Health Centre at Palghar with its sub-centres at Mahin, Satpati, Boisar, Manor. There are dispensaries with maternity homes attached at Mahin, Satpati, Boisar. These are all working under zilla parishad, Thana.

The Late Ramabai Dandekar Maternity Home, and another Maternity Home at Manor are attached to Health Unit, Palghar. There are twelve beds at Maternity Home Palghar and four beds at Maternity Home, Manor.

All the three Primary Health centres in Palghar Taluka i.e. at Palghar, Maswan, Saphala were under Health Unit., till 1962 but with the introduction of panchayat raj and decentralization of power these centres have been transferred to Zilla Parishad, Thana. So far as Health Unit area is concerned this has created some problems which has affected the quality of work as there is overlapping and duplication of services and administrative difficulties. This has defeated the very purpose of training of interns and other health personnel in comprehensive health services, as Curative and Preventive health services have been separated out. However efforts are being made to coordinate the activities.

## TEACHING ACTIVITIES

### Medical Internees:

Medical interneers are posted for six weeks at Health Unit Palghar as part of their rural training in Preventive and Social Medicine.

The interneers are acquainted with the rural health services Community development, and Panchayat Raj. Emphasis is given on learning by participation. The problems which they face in the field are discussed from time to time. Specialists who visit the Unit discuss with them the Health problems of the community.

Field visits to the following places of public health interest are arranged during the six weeks term:

1. Grampanchayat, 2) Primary Health centre 3) Malaria Unit 4) Leprosy Clinic 5) Dairy 6) Poultry farm 7) Field demonstration in environmental sanitation measures.

In addition to the active involvement in services they are given various assignments from time to time. Some are as follows:

1. Epidemiological investigations of outbreaks of communicable diseases, if any.
- 2) Various surveys i.e. prevalence of worm infestations, clinical and blood smear survey for filaria, Nutrition survey, survey for knowledge, attitudes and practices in health, scar survey etc.
- 3) Verification of births and deaths. Verification of causes of deaths.

4) Health Education, talks, organization of well baby shows,

Sumata shows

5) Sterilization camps.

The investigations or surveys are always followed by services, both preventive and curative.

Postgraduate students:

The students who have registered for Diploma in Public Health of Bombay University, attend Health Unit during the second term for one week.

Nursing students:

Students from college of Nursing Bombay and Leelab Thackersey college of Nursing are posted at Health Unit for Public Health experience. They come in batches. Depending upon the year after admission, their period of experience varies from one week to four weeks.

Refresher orientation course

The course is conducted for Auxiliary Nurse midwives working in Primary Health centres under Zilla Parishads in Bombay Division. This is both an intensive and extensive course in Public Health. The nurses stay at Palghar for five weeks.

Sanitary inspector training course:

The students from All India Institute of Local self Government Bombay come to Health Unit for one week in the year. A course of lectures is arranged for them.



They go to the places of Public Health interest. They are given training in conducting surveys in water supply, Family planning surveys, Diet survey etc.

Besides, <sup>this</sup> undergraduate students from NSS Unit of Grant Medical college camp at Palghar once in a year for about eight days and take active part in the various field activities.

#### Research publication: 1968-1971

1. Medical Examination of rural school children in Palghar Taluka
2. Analysis of the vital Statistics from the Rural Community, Palghar .Foetal wastage and Maternal Mortality.
3. Analysis of the vital statistics from the Rural community, Palghar. II-Perinatal, Neonatal and Infant Mortality;
4. Analysis of the vital statistics from the Rural community. Palghar. III- Pre-school and school age mortality
5. Faciolopsiosis
6. Comparative study of Maternal mortality in Rural community and city teaching institution.
7. Domiciliary management of Kwashiorkor in Rural set up.

A study in Domiciliary management and Rehabilitation of Malnutrition has been taken up which is supported by World Health Organization.

#### PHYSICAL FACILITIES

The Health Unit has its own administrative building in which lecture halls, a Museum, a Clinical Laboratory and a dental clinic, library, office, leprosy control unit are housed.

Maternity Home and its staff have been accommodated in a separate building, but in the same premises of the Health centre.

A Hostel with all the amenities has been constructed for interns on an independent plot of land.

Under training, nurses and a public health nurses stay in an independent bungalow acquired on rental basis.

There is paucity of accommodation for the rest of the staff members.

Including the headquarter there are eight Maternal and child health centres which are managed by Nurse Midwives. Clinics are managed by interneecs.

There are three village dispensaries at Kolagaon, Umreli and Saravali which are entirely managed by Interneecs. The dispensary at Umreli has been started this year only as a model for comprehensive health care at one and the same place where in the morning dispensary is conducted and in the afternoon, MCH clinics are conducted.

There is well equipped laboratory at the Health Unit where routine investigations of Blood, Urine, Stool, Sputum are done. Widal's test and V.D.R.L. test are also done. A full time laboratory Technician has been appointed. He also assists the Interneecs in various surveys. There is a Dental Surgeon, I/C of a dental clinic attached to the Health Unit.

The Health Museum is always kept open for the Public Exhibitions, baby shows are arranged from time to time at this place. Health talks are arranged for School going children in the museum.

There is a library in the Unit with a good collection of books and periodicals of Medical and Nursing interest.

The UNICEF has provided weighing machines, audio-visual aids, midwifery kits, calculator, refrigerator, Typewriters and A School Bus. Department has provided three vehicles.

#### Staff

1. Reader in Preventive and Social Medicine I/c Health Unit Palghar Cl.I	1
2. Assistant Medical officer Cl.II	1
3. Lady Medical officer	1
4. Dental Surgeon, Cl II	1
5. Health educator	1
6. Public Health nurses	2
7. Sanitary inspectors	3
8. Nurses	12
9. Midwife	2
10. Health visitor	1
11. Statistical assistant	1
12. Clerks	4
13. Compounder	1
14. Drivers	4



15. Peons	2
16. Attendants	5
17. Night watchman	1
18. Sweeper	1
19. Cleaner	1
20. Mali	1
21. Sq. Mazdoor	2
22. Mukadam	1
23. Cleaner-cum-peon	1

Proposals for future:

Service and teaching

1. To start an anti T.B. clinic with domiciliary management
2. To start night clinics for detection of Microfilaria carriers
3. To start a mobile labour room cum minor operation theatre (I.e. for vasectomies) and mobile dispensaries
4. To allot different villages to interns for total care.

Staff: 1. Upgrading the post of Lady Medical officer  
2. To start visits of other specialists

Construction: 1. Health Unit staff colony  
2. Construction of sub-centre clinics with residential accommodation  
3. Operation Theatre.

Field Practice Programme of Department of Social and  
Preventive Medicine, B.J. Medical College, Poona.

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1. Location: The Rural Training Centre is located at Sirur, District Poona, 67 km from Poona on Ahmednagar road. The Urban Health Centre is situated in the Mangalwar Peth, Poona, about a kilometre from B.J. Medical College.
2. Physical Facilities: The Rural Training Centre covers a population of approximately 45,000 spread over in about 20 villages. At Sirur, apart from a Primary Health Center, there is a Diagnostic Center where facilities such as clinical laboratory, 50 MA X-ray machine, Dental clinic, and Specialist consultations (weekly) in medicine, preventive medicine, paediatric, surgery, midwifery and gynaecology, dermatology, chest diseases, general practice, etc., are provided. Indoor beds, emergency treatment room, operation theatre, and telephone are present. Hostels for 40 medical interns and 20 trainee nurses, and excellent messing facilities are popular. There are 4 station wagons and all the supplies including medicines are satisfactory. All the 8 Health Clinics are within 10 miles from Sirur and are spacious and well equipped and function every day. These subcentre villages are electrified, except one.

The Urban Health Center is housed in a double storied modern building with a tiled compound and a play garden for children. Apart from all the facilities of a good dispensary, there is a clinical laboratory, dental clinic, M.C.H. Services, nutrition clinic, field audiometry clinic and several other preventive and promotive service sections. Welfare programmes are integrated. The area covers a population of about 20,000 and mostly includes lower middle class and poor class communities. It is a part of a census tract.

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3. Organization: The R.H.C. is fully under the administrative control of the B.J. Medical College, Poona. With special arrangements with the Zilla Parishads of Poona and Ahmednagar, all the services including the National Health Programmes are managed by the R.H.C. Sirur. Apart from the R.H.C. the Govt. of Maharashtra has specially upgraded 7 Primary Health Centers around Poona, and these are used for the Revised Internship Programme in which the interns stay and work there for six months. We have 7 teams of specialists and they visit regularly each of P.H.Cs. weekly on a fixed day. Even here interns are provided good lodging and boarding facilities.

The Urban Health Center has been established jointly by the B.J. Medical College, and the Poona Municipal Corporation. Service expenditure is borne by the Municipal Corporation and the training and special facilities are the concerns of the college. The officer in charge is the Reader in Social Paediatrics, P.S.M. Department and he controls the staff from both the organizations. The co-ordination is good and there are no problems.

4. Interdisciplinary Co-operation: This is well developed feature. The basic concept is that the field practice areas is the responsibility of the college and every department has to participate in the programmes. Almost all the staff, both full-time and some honorary, of all the major clinical subjects participate, viz., Medicine, Surgery, PSM, Midwifery and Gynaecology, Paediatrics, Tuberculosis, Dermatology, Pharmacology, etc. Some senior general practitioners (private) from Poona also participate in the programme. With such a wide co-operation it has been possible to make 8 teams of specialist; each team goes to R.T.C. or an upgraded P.H.C. Once a week regularly and provide guidance,

contd.



supervision, consultation, and conduct reviewing sessions.

5. Existing Training Programmes: The undergraduate medical students are exposed to the rural field practice areas for short visits for a specific purpose; and these occasions are for rural sanitation, community development, integrated clinics in nutrition, etc. During internship period, we have two programmes (a) traditional programme in which the interns stay at a selected district or a teaching hospital for nine months and three months are spent at the Rural Training Centre, Sirur, and (b) revised programme in which the first six months are devoted to training at a district hospital and the next six months are for comprehensive work at a Primary Health Center, two to four interns at one center. Both the curative and preventive and promotive work is done under supervision by the interns themselves. Both the programmes are popular with the students. If good work and guidance are provided the students accept the challenge. The response and co-operation of the people is excellent.

The Urban Health Center provides an opportunity for the undergraduate students for field training in family care, school health, child health, care during pregnancy, health education, nutrition, immunization, and other aspects of community medicine. Students are divided into small batches for training.

Nurses and paramedical workers are given training, and postgraduates too.

6. Evaluation: This is built in the programme which is constantly modified. As a result, good programme has been evolved. The key-notes are community needs, challenge to the students, high quality services and the confidence of the people. Good planning, pilot studies, standards, and consolidation give good results. We learnt that there are no short cuts, hard work

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essential.

7. Future development: We have made a start and our pilot studies indicate that the Basic Health Services can provide an excellent infrastructure for building any future health services for the welfare of our people. With little more inputs, it would be possible to show a prototype of future service.

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Field Practice Programme of Department of Social and  
Preventive Medicine, Dr. V.M. Medical College, SHOLAPUR.

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The following field practice areas are provided for interns of this institute.

A: Rural Field Practice Area:

Tasgaon - Rural Health Unit situated 120 miles from Sholapur and under control of P.S.M. Deptt. Miraj Medical College - also affiliated to Shivaji University is still being utilized for rural training of interns of this institute, till such time as one near Sholapur and under supervision and control of P.S.M. Deptt. of this institute is acquired. Hence, details regarding it will be same as for Miraj Medical College, Miraj.

B: Urban Field Practice Area:

1. Municipal Corporation, Sholapur.
2. Urban Health Centre - Christa Seva Mandir & P.S.M. Deptt.  
Dr. V.M. Medical College.

Till October 1972, the entire posting of interns was with the Corporation, but with the inception of Urban Health Centre in collaboration with Christa Seva Mandir, the interns are being posted for 2 weeks at the Centre out of their total 6 weeks training in this field. As the centre develops, they will be gradually withdrawn from the corporation and posted for their entire period of 6 weeks at the U.H.C.

CHRISTA SEVA MANDIR is a Voluntary Welfare Organisation run by American Marathi Mission and hence caters to people coming from any area of Sholapur. But, it has an Urban Family Welfare Planning Centre for a defined population of 50,000. With the already existing setting for the welfare activities eg.

contd .....



creche, bathing & supplying nutrition supplements to infants and toddlers, holding classes of health education for mothers, literacy & handicrafts classes, and vocational rehabilitation of physically and socially handicapped, the Urban Health Centre under control of P.S.M. Deptt. of this institute was started with addition of a dispensary, a laboratory vaccine storage facility and maintenance of family records in family folders. This mutually beneficial arrangement was found to be the best in the face of paucity of funds and personnel.

To begin with 100 families already benefiting through this welfare organisation will be catered for by the U.H.C. with gradual inclusion of more from Family Welfare Planning Centre population.

Urban Health Centre:

1. Location:  $1\frac{1}{2}$  miles from college.

2. Physical facilities : One storied building with a playground. Adequate space is provided for medical care, laboratory, special clinics, creche; multipurpose hall for holding lectures, seminars, demonstrations, film show etc. and also used as waiting room for the patients; stores, sanitary block, I.U.C.D. insertion and vasectomy operation, handicraft sewing classes and library etc.

3. Organisation: Joint with Christa Seva Mandir, supportive role National Family Planning Programme.

4. Interdisciplinary co-operation with other clinical & other departments: With Pediatric department at the Child health clinics and referral facilities to the rest of the clinical departments of the college and T.B. Centre.

5. Existing Training Programmes:

For the interns and medico social workers.

6. Evaluation: Provision being made.

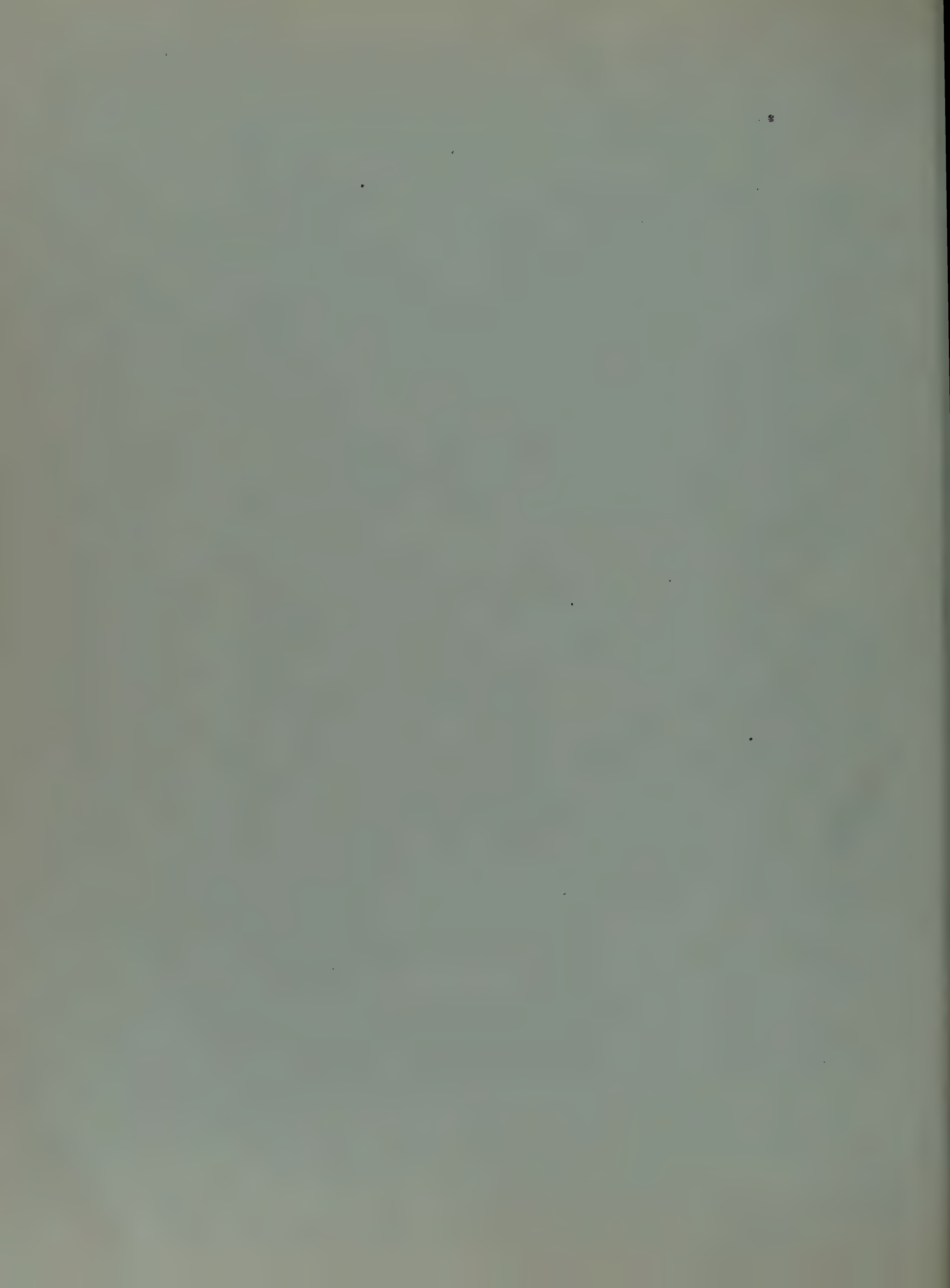
7. Proposals for future development:

a) Other specialist services at the centre.

contd .

- b. Training of undergraduates.
- c. Training of Postgraduates.
- d. Training of paramedical personnel.
- e. Research.

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Field Practice Programme of Department of Social and  
Preventive Medicine, Kasturba Health Society, WARDHA.

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This institution was started in 1969 and we have only undergraduate training programme so far. We have not taken any specific field practice area, but for each incoming class we select one or two villages which are allotted to the class to survey at the start with regard to the general socio-economic conditions. We allocate about ten families to each student to follow up during the course of his study in this institution. In the early years, they are expected to function as friends and advisers to the family and in later years as their family physician. Each class is posted for a social service camp of two weeks duration in the first year and after that they are taken for visits to these villages at regular intervals. For the nearby villages they are expected to visit their families on their own.

So far as the urban area is concerned our students go to the Wardha Hospital for clinical training and we have also taken up a dispensary in the city, but the allocation of the families or selection of a specific area for service and training has not been done so far.

We are proposing to take over the entire health services in Wardha Block in the near future, in which case the functional control over the Government and Zilla Parishad staff in these areas will be with us while the administrative control will continue to vest on the State Government or the Zilla Parishad. We will supplement the staff as well as services in the block. At present our coordination with the State Government officers extends to their visits to our social service camps and giving talks and helping us in demonstrations to the

contd .....

students. The Central Public Health Engineering Research Institute Officers from Nagpur are also regularly invited to participate in these camps and have come every year.

As for the inter-disciplinary coordination, we arrange for a survey as well as service of the village community during the camps in which all other disciplines participate and help. We have very good coordination with the departments of Pathology, Pediatrics, Medicine, Obstetrics and Ophthalmology<sup>h</sup>. We have also organised a few diagnostic and surgical camps in the villages.

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1. (A) Urban: - Epidemiology unit located since 1969 in the out-patient department of M.K.C.G. Medical College Hospital, Berhampur not very far away from the department proper.

The unit is headed by the Epidemiologist of this Department and assisted by one Asstt. Surgeon deputed from hospital.

At present the services catered by this unit include only the routine immunisation programme with a scope for expansion to include the running of well-baby clinic and routing epidemiological investigations in a near future.

This unit also assists in the training of interns in close collaboration with Dental Clinic, Family Planning Unit, Tuberculosis Clinic & V.D. Clinic of the Medical College Hospital. The undergraduates, Post-graduates and Para-medical staff like L.H.Vs also use this unit for their training.

(B) Rural: - The rural health training centre is located at Digapahandi about 18 miles away. The centre is located since 1969 over a pre-existing P.H.C. with addition of staff for training. Thus this centre caters all the basic health services to about 90,000 people in 232 villages in the area. The R.H.C. also caters the Family Planning Services in extensive manner and takes active participation in other National Programmes like NMEP, Small-Pox eradication programme, Tuberculosis control programme etc. as in other P.H.Cs of the State. The interns are trained in this centre for one and half months for the present, the other one and half months being spent in the epidemiology unit. The centre awaits the UNICEF aid and the buildings construction yet to be started. The existing six bedded indoor unit awaits to be expanded to 32 bedded unit.

contd....



After completion of construction of the buildings and after availing the Unicef aid it is proposed to post the interns for the whole three months period for their training.

The under-graduates, Post-graduates and the various paramedical staff utilise the R.H.C. beneficially for training and research activities.

Since the development of the R.H.C. as proposed is yet to be completed the evaluation programme has not been carried out.

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Field Practice Programme of Department of Social and  
Preventive Medicine, S.C.B. Medical College, Cuttack-7 (Orissa)

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1. Location:

The field practice area, Rural Health Centre, Jagatsinghpur was established in the year 1956 and is 45 K.M. away from Cuttack. The population of the area served by R.H.C. is 57,482 residing in 92 villages in an area of 130.9 Sq. K. Mitres. There is no Urban Health Centre attached to this department yet.

2. Physical Facilities:

The main physical unit consists of a double storeyed building providing accommodation for office of the M.O.H., Asstt. Surgeons, Pharmacists, Sanitary Inspectors, Clinical laboratory with necessary toilet facilities. In addition two indoor wards separately for Males and Females of eight beds each and an Operation theatre and M.C.H. clinic and labour room are housed in the Ground Floor of the building. A class room accommodating about 35 students is also provided in the First Floor of the said Building. A separate single storeyed Pucca building is used as Male and Female out-door which has separate rooms used as Hospital record room; dispensing room; dressing room and store room etc.

There is a permanent hostel for the accommodation of the Rotating housemen, during the field training at Rural Health Centre, Jagatsinghpur.

There are six nos. of 3 R residential quarters to accommodate the Gazetted staff and two nos. of 2 R. residential quarters for non-gazetted staff and few other 2R residential quarters are under construction. All the buildings in the R.H.C. area have got sanitary fittings and the R.H.C. campus has got separate independent piped water supply.

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COMH 310(ME)

COMMUNITY HEALTH CELL  
326, V Main, I Block  
Koramangala  
Bangalore-560034  
India

### 3. Interdisciplinary cooperation:

There is lack in interdisciplinary approach for which efforts are being made and proposals are put forth for bridging the gap.

### 4. Organisation:

Principal, SCB. Medical College  
Professor of Social and Preventive Medicine.  
 Rural Health Centre Govt. Hospital  
Medical Officer of Health

Asstt. Surgeon

Asstt. Surgeon  
(Female).

Admini-  
strative

Executive.

Training

Research

Staff nurse  
Sweepress

1. Supervi-  
sion and  
coordina-  
tion

A. Health Edun.  
1. Health  
educator -1  
2. Helper -1

1. House staff  
2. P.G. Student.  
3. Nursing student  
4. Senior Medical  
Officers.

B. Home Visit.  
P.H.N. -1  
L.H.V. -2  
AN.M -2  
Dai -1

2. Store  
3. Office  
clerk cum  
typist -1

B. Communicable  
disease  
control.  
1. S.I -2  
2. Fittermistery -1  
3. Helper -2

5. S.I.  
6. Basic Health worker  
7. F.P. Workers.

Assistant Surgeon

Executive

Lab. Services.

Pharmacist -2    Lab. Technician - 1  
Cl. IV -5    Sweeper -1  
Driver -2  
House staff  
Cook -1

Lady Asstt. Surgeon

1. Pharmacist - 1  
Staff nurse -1  
AN.M  
Ward attendant  
Cook  
Sweeper

contd .....



## 5. Training Programme:

(A) Rotating housemen or Internees are posted for 3 months during their one year internee period for work in Public Health. During this period Rotating housemen or internees to undergo one and half months rural training as per the following Schedule:

The House staff are divided into three batches as follows:

Batch-I. Field visit to study the community Organisation, working of the Primary Health Centre, and different health agencies available in area, participation in health education, immunisation, disinfection and communicable disease control.

- 15 days.

Batch-II. General health survey in a village (7 days), case study in the family (3days), School Health survey (5 days).

- 15 days.

Batch-III. Posted to indoor and outdoor of the hospital (7 days), M.C.H. Clinics and F.P. (4 days), Lab. (4 days)

- 15 days.

Rest one and a half months of their programme is undertaken by posting them to Cuttack Municipality for 15 days, Preventive Paediatric units for 15 days, State Pathology and Bacteriology and Vaccine Institute for 7 days and T.B. Demonstration and Training Centre for 7 days. Thus this half of the programme is rather more urban oriented.

B. The postgraduate students undertake field works for their thesis on various problems in the R.H.C. area.

C. P.H. Orientation training imparted to students nurses as per their syllabus.

D. Field training for Sanitary Inspector students in Rural areas was also taken in the past.

E. Short time orientation of Sr. Medical Officers in Public Health

contd .....

and also orientation of Medical Officers of defunct Medical cadre after integration of health services have also been taken up in the past at R.H.C

Proposals for Future Development:

1. At present the R.H.C. and Hospital are working as separate units under the same roof for which administrative integration is necessary for better organisation and training.
2. Reorganisation of College time table to facilitate field training to under graduates.
3. Transport facilities should be augmented for field training of undergraduates keeping in view the admission strength of the College.

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Field Practice Programme of Department of Social and  
Preventive Medicine, S.C.B. Medical College, Cuttack-7 (O.O.B.A.)

\*\*\*\*\*

1. Location:

The field practice area, Rural Health Centre, Jagatsinghpur was established in the year 1956 and is 45 K.M. away from Cuttack. The population of the area served by R.H.C. is 57,482 residing in 92 villages in an area of 130.9 Sq. K. Mitres. There is no Urban Health Centre attached to this department yet.

2. Physical Facilities:

The main physical unit consists of a double storeyed building providing accommodation for office of the M.O.H., Asstt. Surgeons, Pharmacists, Sanitary Inspectors, Clinical laboratory with necessary toilet facilities. In addition two indoor wards separately for Males and Females of eight beds each and an Operation theatre and M.C.H. clinic and labour room are housed in the Ground Floor of the building. A class room accommodating about 35 students is also provided in the First Floor of the said Building. A separate single storeyed Pucca building is used as Male and Female out-door which has separate rooms used as Hospital record room; dispensing room; dressing room and store room etc.

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There is lack in interdisciplinary approach for which efforts are being made and proposals are put forth for bridging the gap.

### 4. Organisation:

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Professor of Social and Preventive Medicine.  
Rural Health Centre Govt. Hospital  
Medical Officer  
of Health

Asstt. Surgeon

Asstt. Surgeon  
(Female).

Admini- strative	Executive.	Training	Research	Staff nurse Sweepress
1. Supervi- sion and coordina- tion	A. Health Edun. 1. Health educator -1 2. Helper -1	1. House staff 2. P.G. Student. 3. Nursing student 4. Senior Medical Officers. S.I.	B. Home Visit. P.H.N. -1 L.H.V. -2 AN.M -2 Dai -1	
2. Store				
3. Office clerk cum typist -1	B. Communicable disease control. 1. S.I -2 2. Fittermisty -1 3. Helper -2	6. Basic Health worker 7. F.P. Workers.		
				Assistant Surgeon
Executive.	Lab. Services.			
Pharmacist -2	Lab. Technician - 1			Lady Asstt. Surgeon
Cl. IV -5	Sweeper -1			1. Pharmacist - 1
Driver -2				Staff nurse -1
House staff				AN.M
Cook -1				Ward attendant
				Cook
				Sweeper

contd .....

## 5. Training Programme:

(A) Rotating housemen or Internees are posted for 3 months during their one year internee period for work in Public Health. During this period Rotating housemen or internees to undergo one and half months rural training as per the following Schedule:

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- 15 days.

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E. Short time orientation of Sr. Medical Officers in Public Health

contd .....

and also orientation of Medical Officers of defunct Medical cadre after integration of health services have also been taken up in the past at R.H.C

Proposals for Future Development:

1. At present the R.H.C. and Hospital are working as separate units under the same roof for which administrative integration is necessary for better organisation and training.
2. Reorganisation of College time table to facilitate field training to under graduates.
3. Transport facilities should be augmented for field training of undergraduates keeping in view the admission strength of the College.

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Location:

The Rural Training Centre of the department of Social & Preventive Medicine of this medical college is situated at Attabira, 24 k.m. away from the medical college by the side of the national highway No.10.

Initially there was a Primary Health Centre at Attabira which is the head quarter of the block Attabira. The Primary Health Centre has subsequently been upgraded to the Rural Training Centre vide Government letter No. IA. Med. VIC. 93/68. 21172/H. dt. 18.10.68 by posting some additional staff.

There are total of 75 villages in the said block with a population of roughly 80,000.

Physical facilities:

Accommodation: HOSTEL - A 40 bedded dormitory type of hostel building is almost complete except sanitary fittings. It would be occupied as soon as the hostel would be complete.

Staff Quarters: There is provision for the accommodation of almost all the staff. At present 2 Nos. of 3R quarters have become complete and 7 Nos. of 2R Qrs. are under construction and once it is over, the quarters problem at the Rural Training Centre would be solved to a great extent.

A 6 beded indoor ward was handed over to the Rural Health Centre in half complete condition. The same is being used at present as an emergency ward.

Outpatient Department: There is a separate building as outpatient department housing a clinical laboratory also.

Water supply: There is a surface well in the campus as the only source of water. The provision for safe water supply through tube wells is under the active consideration of the government.

Other buildings: The construction work of administrative block and library has not yet been taken up.

Transport: One bus, 2 UNICEF vehicles and 10 cycles have been provided for the transport of internees and staff.

Organisation: The Rural Training Centre and medical college are under the administrative control of Director of Health Services, Orissa, state government. Following staff have been sanctioned for the Rural Training Centre.

Staff:	Medical Officer in-charge	1
	Clinical Tutor Lady	1
	Clerk	1
	Lab. Technician	1
	Health Educator	1
	Statistical Asst.	1
	Pharmacist	1
	Health Asst.	1
	Sanitary Inspector	2
	Lady Health Visitor	1
	Mid wife-	2
	Dai	2
	Other auxiliary staff	8

Inter disciplinary cooperation with other clinical and non-clinical departments:- The system has just started with Obstetrics & Gynaecology department and Paediatric ward in the form of Antenatal, neonatal and childhood immunization programme in the wards and outpatient department.

Existing Training Programme:

The number of interns received in each quarter range within 40-50 throughout the year. The interns are divided into batches and all the

programmes being carried out by rotation as follows:

S.No.	Place of work	Period of training	Purpose and work done
1.	Out patient department of R.H.C.	19 days	To study the patient in his social setting. In the morning hour they treat the patients including investigation, immunization, minor operation, dispensing of drug etc. which are done by interns themselves. In the afternoon they visit the patients' home to study the home environment.
2.	Any school in the area of the R.H.C.	9 days	To learn school health service.
3.	Any research programme taken by the department	5 days	To have idea in research work
4.	Out patient deptt. of Medical college	5 days	To be trained in immunization work.
5.	Any village of R.H.C.	18 days	Community diagnosis and family contact approach. Each intern is given 7 families with 7 family study schedules
6.	Any village of R.H.C.	3 days	Action programme.
7.	Visit to different organization including industries situated near by municipality and other social welfare and national programme organizations.	17 days	To be trained in industrial health occupational hazards, civic administration and functions and in national programmes.
Total:		76 days	

Out of 90 days in the Sundays and other holidays training programmes are suspended except the out patient department of Rural Training Centre.

Training programmes for others: The nursing student of nursing school are also trained in Rural Training Centre.



Evaluation: The seminar is being done after each programme. Each intern has to speak in the seminar. If either they remain absent without leave application or their performances in seminar are not satisfactory, they are to repeat.

Proposal for further development:

It is suggested that each Rural Training Centre should have the following staff for effective teaching and training programme.

Staff at the Rural Training Centre:

Officer incharge - Reader	1
Asst. Professor in charge of training	2
Demonstrator (male)	2
Demonstrator (lady)	1
Health Educator	1
Midwife	2
Public Health Nurse	1
Lady Health Visitor	1
Medico Social worker	2
Health Inspector	2
Lab. Technician	2
Staff Nurse	1
Pharmacist	2
Vaccinator	2
Class IV staff	4

This is to be provided in addition to the staff already existing in the Primary Health Centre.

Staff at the sub-centre:

Demonstrator	One
Midwife	One
Dai	One
Vaccinator	One
Lab. Asst.	One
Peon	One
Sweeper male and female	One each.

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The respective staff must be given teaching status otherwise they would not be interested as a result, training programme would not be effective.

Building: At the Rural Training Centre there should be an Indoor hospital with 20 beds. Besides provision has to be made for administrative wing and for special clinics.

Sub-centres: HOSTEL - There should be one quarter for the interns for the accommodation of 5 interns with available amenities.

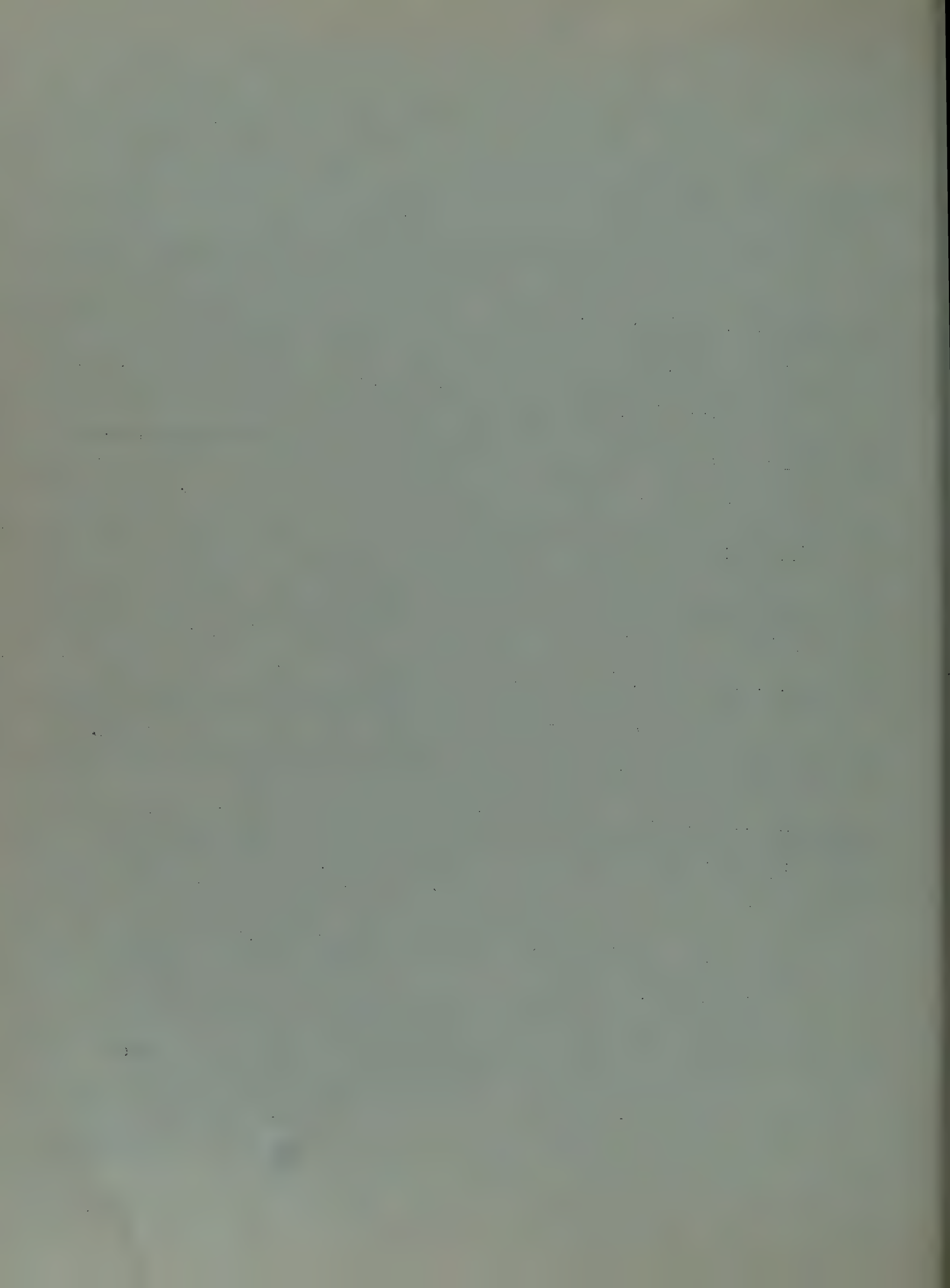
Quarters: All the staff of sub-centres as mentioned above must be supplied with quarters.

Out patient department: At each sub-centre there must be accommodation for O.P.D. service, Laboratory service, delivery room and minor operation room.

Indoor ward: Each sub-centre must have 2 observation beds. Hospital for emergency and maternity purpose.

Transport: Rural Training Centre - The ambulance service should be available for transportation of patients from sub-centres and villages to Rural Training Centre and from Rural Training Centre to Medical College.

Sub-centre: Each sub-centre must be provided with vehicles depending on the requirements.





Field Practice Programme of Department of Social and  
Preventive Medicine, Medical College, AMRITSAR.  
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The field practice area of the department comprises of  
a) Verka Block with its 72 village and one lack 60 thousand  
population, a Primary Health Centre Verka with its  
9 sub centres. The Primary Health Centre in addition to  
normal ap pattern has three residential medical offioers  
for teaching. (b) The Urban Training Health Centre in the  
heart of Amritsar city which provides, services of comprehe-  
nsive immunization with family approach, nutrition  
demonstration, family planning, with emphasis on health education.  
(c) Two villages in verka block (Tung Bala, Gunda Singh wala)  
and two localities of Amritsar (Jawahar Nagar & Gobind Singh  
Nagar) have been selected for intensive field training of  
under-graduates. Each student during clinical years is  
alloted two Families for comprehensive Family Care Programme  
which he follows for two years (In addition to similar study  
of his own family during pre-clinical years).

The facilities at P.H.C Verka - residential accommodation for  
30 Interns and 16 Para Medical trainees; 5 vehicles for  
training and service. The students are taught all functions  
of Primary Health Centre and they actively participate in  
all national health programmes in operation in the state.  
Mass dog destruction and Anti-Rabic measures are special  
feature of training. School Health Programme in Rural and  
Urban Areas with routine immunization against small-pox and  
tetnus is done by interns. Interns also actively participate  
in intensive multipurpose health scheme. Film shows and  
health talks are given by the interns in rural and urban areas,

contd ....

also through Gurdwaras.

Active help & cooperation of other clinical departments like T.B. Sanatorium, Distt. T.B. Clinic, Mental Hospital, Infectious diseases Hospital, Ophthalmology, Paediatrics Radiology, Orthopedic and Veterinary departments is taken. During training each under-graduate is taken to field about 12 times and intern about 18 times. The main places of field visit being Municipal Water Works, Sewage Plant, Dumping Ground, Slaughter House, Cattle fare etc. for environmental sanitation, Farmers Training Centre, Amritsar, Milk Plant and semen Bank Verka, Punjab Agriculture University Ludhiana, Poultry Farms and Kitchen Gardens in villages (Green, white and storage revolution) etc. mainly for nutrition; O.C.M. Mills Chheratta Local Factories, Fertilizer Corporation of India Nangal, E.S.I Scheme Amritsar for Industrial Medicine; Institute for blind Amritsar. Pingalwara Amritsar, After Care Home (Nari Niketan) Amritsar, Central Jail, Amritsar, Borstal Jail Faridkot, Leprosy Mission Hospital Tarantarn, Home for Crippled Saket (Chandigarh) mostly for rehabilitation; Aerodrome Rajasansi (Aviation Medicine) Central Research Institute Kasauli, Municipal Health Organisation, Station Health Organisation (Military Medicine) Railway Health Services, Pirdhuri, Village Cheecha (for social beliefs) are also visited. Each field visit is supervised by a teacher but student teacher ratio is rather high 1:100, Epidemiological studies of problems like small pox, malaria, diabetes, tetanus etc. are under-taken in field and hospital wards with interns participating.

Under Graduate Training Programme is Broadly Represented as Below

Preclinical:    1. Short visit to village sub-centre.  
                  2. Field Trips.

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Clinical:

- 4 3. Family care programme at Village  
Tung Bala and Ganda Singh Wala.
4. National Health Programmes.

Internship:

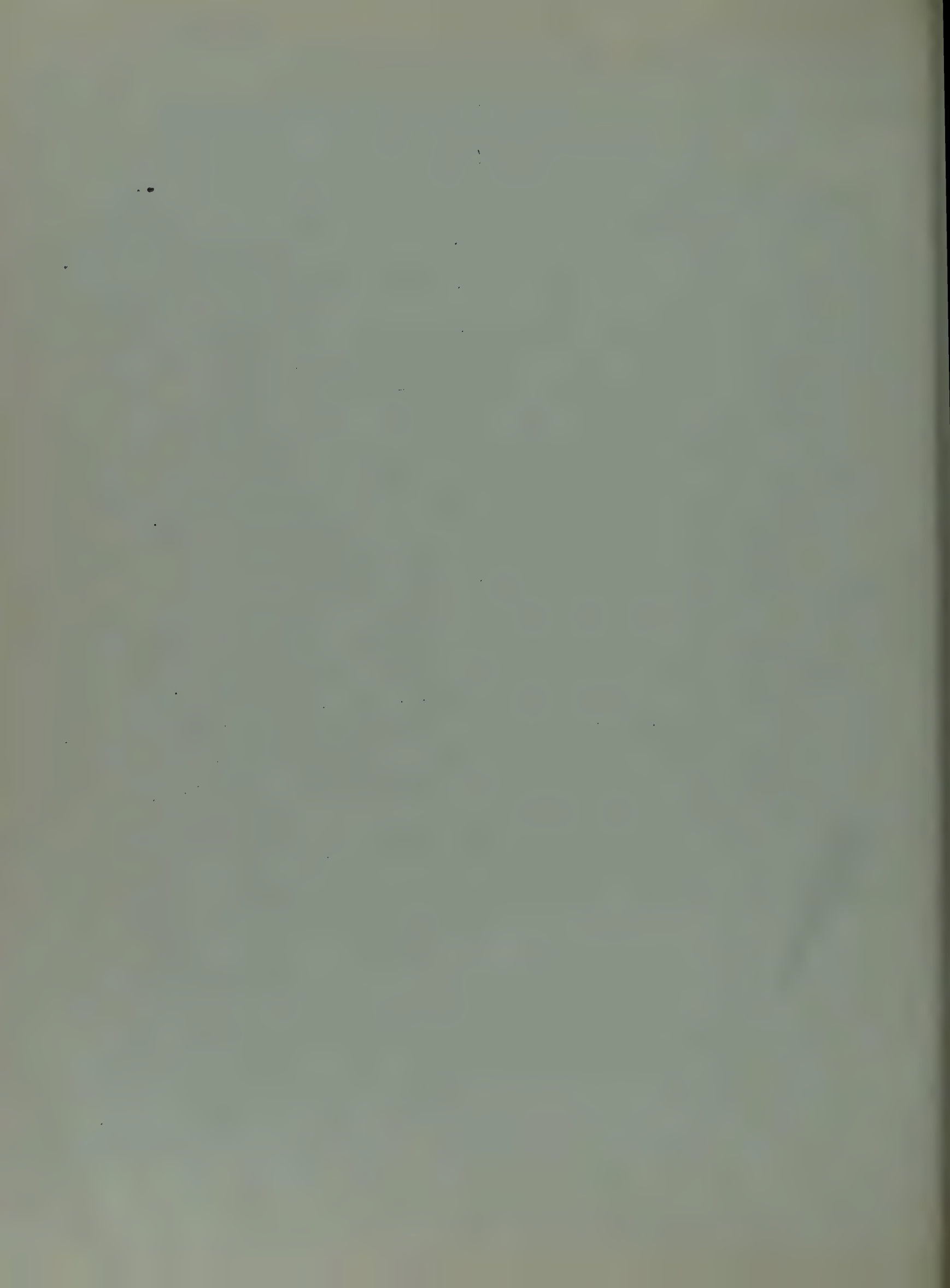
5. Primary Health Centre Verka Post-Graduate
6. Urban Training Health Centre 5,6,7,9 at  
Amritsar. least for one
7. School Health Programme (Urban & month 2,3,4  
Rural) regular
8. Intensive Multipurpose village programme.  
health scheme.
9. Anti-Rabic measures.

Refresher course doctors of Pb. Health department get training once a year. Para Medical Staff getting training in the department is Lady Health Visitors (twice a year) Staff Nurses (through out year) Diploma Pharmacy students (through out year) A.N.P. trainees (thrice a year) etc.

There is a proposal for starting Campus Health Services and Medical students Health services in near future. There is also a proposal for special epidemiological unit. with one Professor/ Asstt. Professor as Incharge and one Statistical Unit with a senior statistician; plus a Social Medical Officer.

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Field Practice Programme of Department of Social and  
Preventive Medicine, Govt. Medical College, PATIALA.  
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RURAL INTERNSHIP AT PRIMARY HEALTH CENTRE BHADSON:-

The Medical Interns are deputed for VIII weeks for rural internship at P.H.C. Bhadson. During this period they participate in all the activities of the primary Health Centre with following aims in view.

1. To practice comprehensive medical care
2. To develop clinice preventive attitude.
3. To undertake, participate and observe community Health problems.
4. To develop the concept of team approach in the practice of comprehensive Medical care.
5. To learn socio economic life in our villages and its impact on health and disease.

The work schedule of the interns for participating in various function in the Health Centre is as follows:

1) MEDICAL CARE:

The interns will spend two weeks by rotation to participate in the medical care component as practised at the level of primary health centre.

- a) OUT DOOR: The interns will examine the patient, diagnose the disease and prescribe the treatment to the patient as required under the supervision of medical officer of the health centre.
- b) INDOOR: The interns will follow upto the admitted patients in the ward.
- c) EMERGENCIES: They will attend all emergencies under the supervision of medical officer during their attachment in the medical care programme.

- d) MEDICAL LEGAL CASES: They will observe the procedure of filling up records in Medical legal cases.
- e) MINOR SURGERY: They will assist the medical officer in the minor surgical operation performed in the primary health centre.
- f) LABORATORY WORK: They will perform small laboratory investigation i.e. hemogram, stool, Examination for ova and urine examination for sugar and albumin.
- g) DRESSING AND INJECTION: They will do dressings and will perform intramuscular and intravenous injections in the out-door.
- h) DISPENSARY: They will dispense the drugs to the patient under the guidance of dispenser.

2. FAMILY PLANNING: The interns will participate in various Family Planning activities conducted at the main health centre as well as in the field by visiting along with different family workers. They will do motivation work themselves in five families.

- a) FAMILY PLANNING CLINIC: They will give necessary advice to all cases coming to primary health centre who are eligible for family planning.
- b) FAMILY PLANNING OPERATION: They will assist Vasectomy and Tubectomy operation done in the primary health centre.
- c) FIELD VISIT: (i) BEE:- They will visit with BEE for two days by rotation and participate in extension education and group discussion in the village.

(ii) F.P.F.W:- They will visit with F.P.F.W for two days by rotation for motivation of cases etc.

(iii) L.H.V./A.N.M'S:- They will perform two visit each with L.H.V. and A.N.M. for integrated M.C.H. and

contd .....



Family planning work.

M.C.H. SERVICES

The interns will participate in antenatal clinic and well baby clinic at the main centre as well as Sub-Centres. and also do home visiting along with L.H.V. and A.N.M.

- a) SUB-Centre:- They will visit all the six sub-centres twice during their period of stay by rotation. During their visit to sub-centres they will provide medical relief to the needy persons and examine antenatals, post natals, infants and toddlers and will fill up their cards.
- b) HOME VISITING: The interns will accompany the L.H.V. and A.N.M. during home visiting and will participate in the M.C.H. and F.P. services provided by them in the homes of the people.

4. CONTROL OF COMMUNICABLE DISEASE: During their duty in the out door the interns will help in the early diagnoses and treatment of the cases of communicable diseases. They will impart health education and take other preventive measures as required. Immunization if necessary will be done. They will also do field visits with workers under various national programme for control of communicable diseases.

a) MALARIA:- (i) They will perform two visits with a basic health workers to know the active surveillance work under N.M.E.P.

ii) They will also visit with Sanitary Inspector to know how he supervises the work of B.H.W's and gives radical treatment to malaria cases.

iii) They will also work with laboratory technician and will prepare and examine blood slides for malaria parasite.

b) T.B.:- They will work with Multipurpose worker for two days and will prepare, stain and examine sputum slides. They will also fill up the treatment cards.

c) SMALL POX:- They will perform two visits with vaccinator. They will study the family register prepared by the vaccinator and will also do some primary and re-vaccinations themselves.

5. ENVIRONMENTAL SANITATION:- The interns will do field visit with the sanitary inspector for two days for the following work.

- a) Dog destruction.
- b) Disinfection of wells.
- c) Sanitary latrines.
- d) Health Education to villagers about manure pits, smoke less chulas, general sanitation etc.

6. SCHOOL HEALTH: - The interns by rotation will cover a school for school health services and will work as follows:-

- a) Clinical advice as required.
- b) School Sanitation: School sanitation by inspecting a school and then suggest improvements.

7. APPLIED NUTRITION PROGRAMME:

The interns will visit one village covered under applied nutrition programme and will see a community garden and a kitchen garden, poultry Units and a fish pond. They will see a feeding and cooking demonstration also. Each intern conducts a diet survey in five families.

8. COMMUNITY DEVELOPMENT PROGRAMME: The interns will visit B.D.O Office. Nabha/Gram Sewak Training Centre Nabha to get a picture of community development programme in area.

9. FAMILY STUDY: Each intern will take four families, for this they will select four cases from out-door having.

- i) Nutritional deficiency.
- ii) Chronic disease.
- iii) Communicable disease.

iv) Anyother case, and family study willbe done in detail by visiting their home. The purpose is to make the interns aware of the roll of environment and agent causing disease and also treat the patient in his family.

10. FIELD STUDY:- A field study will be carried out by the interns to make them aware of statistical methods as diagnostic test for i-identifying community health problems.
11. RECCORDS AND RETURNS: The interns are given two days to study all the records and returns pertaining to mdical and public health activities performed by the health centre. As far as practicable they may fill up these records and returns them selves.
12. SEMINARS AND DISCUSSIONS: One a week a seminar or discussion is held with the interns under the supervision of professor of social and Preventive Medicine, Medical College, Patiala or his representatives. All the activities are discussed and the doubts cleared.

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Field Practice Programme of Department of Social and  
Preventive Medicine, Government Medical College PATIALA.  
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The Field Practice area attached to this department consists of a rural and an urban wing. In the community development block Nabha, there are three Primary Health Centres. One of these; PHC Bhadsen with a population of 54618 & situated on Nabha-Gobindgarh road, 40 K.M away from Patiala has been taken up as rural training centre. Housed in a Govt. building with residential quarters for the staff, the Centre caters Institutional & Field Services. Two vehicles are available for service and training purposes. Interns are housed in a privately rented building. Staff consists of one M.O.H (D.P.H qualified) who is the local officer incharge, three Medical Officers, two dispensers, two L.H.V's, six ANM's, one S.I., one B.E.E., four F.P.F.W., four B.H.W.'s, one vaccinator and twenty other employees. Intensive services are provided to about 20 thousand population through the main centre and five sub-centres, dispersed in the area. Rest of the population is covered by home visits through Intensive Health care team twice a month. The administrative control is mainly with the Principal Medical College, but the staff conducting the National Public Health Programmes, is under the C.M.O. Patiala. The Deptt. of Paediatrics and Ophthalmology co-operate by rendering child health services and Ophthalmologic services. The medical interns work for a period of twelve weeks during which they learn, by observation and participation, in all the activities of the P.H.C. They are also involved in the Family Care Programme. Current topics are discussed in seminars with the Prof. & Assistant Prof. Post-graduate, Under-graduate and nursing students are also trained there. Regular A.N.P. training is imparted to sanitary Inspectors deputed from the State.

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It is proposed to have total administrative control under our Institution. Hostel accommodation for interns etc. should be built by the Govt. We propose to redesignate M.O.H. as senior lecturer and M.O's as Registrar as they conduct the teaching work so as to enable them to avail of teaching experience and vacation etc.

URBAN AREA: -

Tripuri Township, formerly rural, but now taken up in the Municipal limits. Is situated 5 K.Ms away from the College and spread over an area of 4 sq.K.M. with a population of 8616. The Civil Dispensary run by one M.O. and assisted by one dispenser and 4 class IV employees is under the administration control of C.M.O. Patiala and is rendering general Medical Care through outdoor services. Their work is augmented by Urban Health Centre staff from Social and Preventive Medicine department, which include a Social Medical Officer, one P.H.N., one L.H.V., 2 A.N.M's, one dispenser, 2 L.T.'s, to carry out Health Programmes and various training programmes in this area. It is housed in a separate building (Panchayatghar) at a small distance from the dispensary.

Inter. disciplinary coordination has been successfully achieved with the department of paediatrics running the well baby clinic and child care programme.

This area is utilised for the training of Medical Interns (Girls), nurses A.N.M.'s, post-graduate and under-graduate students by observation and participation of the students in all the activities of the training centre. The under-graduate students undertake family care in which they also conduct survey on sanitation, nutrition, health attitudes, Family Planning etc.

In addition, the deptt. runs an immunization clinic located in the Rajendra Hospital, Patiala, which provides services to the public

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and imparts training to Interns and Undergraduate students who are posted for two weeks in the clinic.

A comparison of yearly surveys regarding various programmes carried out provides basis for evaluation and improving the services. The administrative control of dispensary section should also rest with our Institution and the whole training centre should be roofed under one building with adjoining residences for the staff and hostel for students.

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Field Practice Programme of Department of Social and Preventive Medicine, J.L.N. Medical College, AJMER.

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The Jawahar Lal Nehru Medical College, Ajmer was established in July, 1965. The department of Preventive and Social Medicine started functioning in this college in the year 1967 with the appointment of a Lecturer. Later on one Senior Demonstrator joined the department. In the same year a post of Professor was sanctioned in this department which was manned by a Reader against the post of Professor from Nov. 1968 to Nov. 1971. However, a suit full-fledged Professor was appointed in Nov. 1971.

The staff sanctioned for the department today stands as follows:-

Department of P & S.M :

1. Professor	One.
2. Lecturer	two
3. Sr. Demonstrator	One.
4. Junior Demonstrator	One
5. Public Health Nurse	One.
6. Sanitary Inspector	One.
7. Senior Technician	One.
8. Lab. Attendant	One.
9. Statistical Assistant	One.
10. Case Worker	One.
11. Social Worker	One.

For Rural Health Centre:

1. Senior Demonstrator	One.
2. Lady Health Visitor	One.
3. Aux. Health Worker	One.

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4. Sanitary Inspector	One.
5. Aux. Nurse-midwife	Two.
6. Health Educator	One.

#### Teaching:

Teaching of Preventive & Social Medicine starts from I year of M.B.B.S as per syllabus laid down by the Rajasthan University. Fifty lectures are given in Pre-clinical course with the help of pre-clinical teachers.

However, from the IV Semester regular teaching of the subject is done by the staff of Preventive & Social Medicine. Besides the theory lectures, practical classes and demonstrations as per syllabus, the students are posted in the department for one month in the morning in the same way as their ward posting from VII Semester onwards. In the morning posting classes lot of extra-mural teaching is done. In this posting the students have a chance to learn the working of national programmes (like N.S.E.P., N.M.E.P., F.P., Tuberculosis Control Programme etc.) and also attend the municipality to study municipal health administration. Clinico-social case study discussions are held in the Isolation ward. It is proposed to start family-advisory service soon.

The department has a reasonably good museum and laboratory for the undergraduates. It also has a small library though quite a good collection of books on the subject are available in the Central Library of the College.

#### Rural Field Practice Area:

A nucleus of Rural Field Practice area was started in village Saradhna about 10 miles from Ajmer in the year 1969. The Govt. of India have sanctioned a 50 bedded

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Mobile Training-cum-Service Hospital to this College.

This hospital works by holding a camp for 3-4 months at one place in rural areas at a time. In this hospital a teacher each from the department of P&S.M., Medicine., Surgery, and Obst. & Gyn. is available. It provides a good opportunity for practice and training of interns and students in comprehensive health care. One camp of this hospital was held at the headquarter of a P.H.C last year.

#### Urban Health Centre:

One of the Maternity and Child Health Centres working in the City is being strengthened to start the nucleus of urban field practice area. However, U.H.C. has not yet been sanctioned for this College.

#### Interns Training:

Interns are posted for training in this department for three months. Out of this period, they are posted for two weeks each in Family Planning, Isolation Ward including Immunisation Clinic, Tuberculosis clinic and Record Room. Rest of the period is spent for Rural Health Services. When the camp of Mobile Hospital is held the interns spend whole of three months in the camp.

The department of P.&S.M is also running a Well-Baby Clinic and Immunisation Clinic in collaboration with Paediatrics Department.

#### Research:

About ten research papers have been published by the staff of this department in the last 3 years.

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Research projects currently in hand are:-

1. Health status of Pre-school children in a municipal ward of Ajmer.
2. Prevalence of Tuberculosis in rural area of Ajmer.
3. Infant feeding practices in Ajmer City.
4. B.C.G. test in Tuberculosis.

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Field Practice Programme of Department of Social and  
Preventive Medicine, S.M.S. Medical College, JAIPUR.

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URBAN HEALTH TRAINING CENTRE:

The centre is located in Janta Colony, Raja Park Sector, Warsh  
nagar, Jaipur, which is about 3 kilometers from the S.M.S. Medical  
College, Jaipur. It was established in the year 1970.

Physical facilities:

The centre is at present working in a rented building which  
provides space for organizing special training, dispensary, laboratory,  
outpatient department, a seminar room and a waiting room. No residential  
facilities are available for the staff.

Organization:

The centre provides comprehensive health services to a population of  
approximately 6,000, housed in 542 quarters. The houses were constructed  
by the Rehabilitation Department about 22 years back. The population mainly  
consists of 'Sindhis' and 'Punjabis'. The centre is under the administrative  
control of Principal, S.M.S. Medical College, through the Professor and  
Head of the Department of Preventive and Social Medicine. The staff  
complement of the centre is as follows:

1. Sr. Demonstrator	one
2. Public Health Nurse	one
3. U.D.C.-cum-Store Keeper	one
4. Stenographer	one
5. Auxiliary Health worker	two
6. Technician	two

cont .....

7. Lady Health visitor one.  
8. Class IV Servants. three.

For proper functioning of the centre and for organising the training and research programme two special committees have been constituted: (a) Technical Advisory Committee; and (b) Local Health Committee. These committees consist of Principal, Professor of Prev & Sl. Med., Superintendents of the attached hospitals, Director, Medical and Health Services, Municipal Health Office representative of the local community.

The centre participates in all the National Health Programmes organized for the urban areas.

Inter-disciplinary co-operation with clinical and other departments

Preliminary steps have been taken for regular visits specialists in Paediatrics, Gynaecology and Ophthalmology to the centre and it is hoped that in near future these visits will be started. For the present the postgraduates of the department of Paediatrics are visiting the centre for health services and the training programmes.

### Training Programmes:

The centre provides facilities for training of undergraduates interneers and postgraduates in Preventive and Social Medicine and Paediatrics. Undergraduates are posted there for a period of one year during the VIII and IX Semesters of their They are allotted families in small groups which they are expected to follow for the total period of one year through regular fortnightly visits. Interneers posted in the Department of Preventive and Social Medicine work in the centre for a period of fortnight where they are given ample opportunity to participate in the comprehensive health programmes. Postgraduates in the Department of Preventive and Social Medicine and Paediatrics also work in

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area to learn socio-medical problems of the community.

As yet no evaluation of the programme has been done. However, proposals are now being prepared to carry out the same. It is also proposed to construct a separate building for the Urban Health Training Centre which will provide adequate physical facilities for service and training programmes. Plans are also ready for special research problems in relation to growth and morbidity in infants and pre-school children.

The Centre is also organizing in collaboration with the social welfare department the Nutrition Programme for pre-school children.

(b) RURAL HEALTH TRAINING CENTRE, NAILA.

Location:

The centre is located in village Naila about 12 miles from the Medical College, Jaipur. It covers 59 villages with a population of approximately 40,000 out of the area covered by Jarwa Ramgarh Panchayat Samiti.

Physical facilities:

Sufficient accommodation is available for service and training programme such as lecture theatre, museum, demonstration room, out and in-patient departments, administration block and residential accommodation for the staff. Hostel accommodation for 40 male and female trainees is also available.

Facilities of laboratory, minor operation theatre, labour room and special clinics are also available.

Organisation:

The centre is under the administrative control of Principal through the Head of the Department of Preventive and

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social Medicine, S.M.S. Medical College, Jaipur. Staff sanctioned for the training centre is as under: -

1. Medical Officer	3
2. Public Health Engineer	1
3. Health Educator	1
4. Sanitary Inspector	1
5. Compounder Gr. III	2
6. Lab. Technician	1
7. Public Health Nurse	2
8. Lady Health Visitor	2
9. Auxillary Nurse Midwife	4
10. Literate Attendant	1
11. Driver	1
12. Fitter	1
13. Class IV Servants	5
14. Sweeper	4
15. F.P..A.	1

In addition to the main centre at Naila there are 3 sub-centres each of these are manned by one Auxillary Health Worker and a trained Dai. The centre fully participates in all the National Programmes. For smooth working of which a special committee has been constituted which has representations from the Programme Officers in addition to the Director, Medical and Health Services, and Principal, S.M.S. Medical College, Jaipur. For organising training programme meetings are held with other Heads of the Departments in the Medical College from time to time.

Inter-disciplinary co-operation with clinical and other departments:

Three departments take active part in training and service programmes of the centre viz. Paediatrics, Obstetrics and Gynaecology; and Ophthalmology. Regular weekly visits are

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made by one of the staff members from each of these three departments.

### Existing Training Programmes:

Following categories of the medical and para-medical staff are trained at the centre:-

1. Medical Officer from Primary Health Centre.
2. Postgraduate students of Preventive and Social Medicine and Paediatrics.
3. B.S.C. Nursing students.
4. L.H.V.
5. A.N.M.
6. Indigenous dais
7. Sanitary Inspectors
8. R.N.R.C. Nurses
9. Vaccinators.
10. A.H.W.

Though the centre has been utilized for organising Orientation course for various categories of staff working at the Primary Health Centre, it is mainly involved in training of undergraduates, interneers and postgraduates. Para-medical staff like Sanitary Inspectors, Nurses, Auxillary Health Workers are also posted for varying period of time as part of their rural training programme. Postgraduates of Preventive and Social Medicine Department and Paediatrics are also posted for varying period of time while postgraduates in Paediatrics make regular visits to the centre. The postgraduates of Prev. & Sl. Medicine are posted there for a period of 3-6 months.

### Evaluation:

Regular evaluation of the interneers training programme was done to see their response to various programmes organised

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by the centre. However, no regular report has as yet been published. As regards other programme evaluation of various National Programmes like Small-pox Eradication, Trachoma Control Programme have been carried out by the Postgraduate students in the department in the field practice area.

At present detailed discussion are going on for complete reorganisation of the services provided through the centre. Efforts are also being made to get the posts of Medical Officers working at Training Centre converted to that of Demonstrators and Lecturers.

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to Chingleput Town.

Accordingly 3 Sub-centres of 3 Primary Health Centres all within 5 miles radius from Chingleput were selected as Rural Field Practice area -

1. P.V. Kalathur - Sub-Centre of Tirukalikunram, P.H.C.
2. Mamandur - Sub-Centre of Madurantakam, P.H.C.
3. Singaperumalkoil - Sub-Centre of Kattankolathur P.H.C.

To start with these 3 Sub-Centres were developed as Basic Health Centres of the Rural Field Practice area. 2 House Surgeons were posted to each Basic Health Centre for the duration of 3 months of their posting in Social and Preventive Medicine Department.

The salient features of the programme are as follows: -

1. The existing resources in the rural areas have been utilised for the training programme.
  - a) The Basic Health Centres are located in an existing Maternity and Child Health Centres which have buildings of their own with elementary facilities of water supply, flush-out latrines and Electrification.
  - b) There is already a nucleus of staff in the centre viz. Auxillary Nurse Midwife and the Basic Health Worker. These people serve as local contacts for the House Surgeons to know the community and make his job of work and study amidst the rural community easy.
  - c) The staff of the Primary Health Centre - the Medical Officer, Block Extension Educator, The Health Visitor and Health Inspector are involved in the programme. They are requested to visit the centre once a week

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each one on different days of the week so that there would be constant activities of various kind at the centre with the help of the Primary Health Centre staff.

2. The participation of the local authority, the Panchayat Union Council is necessary because any scheme of improvement of local conditions on the recommendation of the House Surgeons after their survey and study have to be implemented only by local bodies. The participation of Panchayat Union Council is ensured by
  - a) Getting their concurrence to make use of the premises of the Maternity and child Health Centres for the purpose of the establishment of Basic Health Centres.
  - b) Getting their concurrence to make use of the services of the Auxillary Nurse Midwife in the working of the Basic Health Centres.
  - c) Requesting them to contribute a moiety of the expenses in respect of clinical activities of the centre by way of supply of drugs, furniture and equipment.
3. The villages selected for establishing the Basic Health Centres are big and accommodation for the stay of House Surgeons could be easily secured.
4. The Panchayat Union Council get in return for their assistance the services of a Doctor at this centre which will in effect be a Mini-Primary Health Centre.

Medical Services get extended to more rural areas.

Training and service go hand in hand in this programme. To ensure that the rural areas get fully qualified service the trainees are posted for field training in Social and Preventive Medicine only after they have done their turn atleast in two of the three clinical subjects, Medicine, Surgery and Obstetrics.

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In addition the Peripheral Paediatric Clinic of the Paediatric Department of the Hospital are incorporated into these centres, with the Paediatrician of the Hospital visiting these centres periodically. Gradually other specialists from the Hospital could also be made to visit these centres to assist and guide the House Surgeons.

The daily activities of the House Surgeons at these centres include the running of out-patient clinics in the forenoon. It helps the House Surgeons to learn about the common ailments in the area and to plan the preventive activities in the community.

School Health Service also forms an important aspect of their daily activity. Each House Surgeon has to inspect the School children of any one village during his posting. He should also supervise the Mid-day meals programme. He should inspect the school premises and make suitable recommendations to the local authority.

In the afternoon they undertake Health survey in the village allotted to them. To make them familiar with all the factors influencing Health, a questionnaire has been prepared which they make use of during their survey. In the evening they take part in Health education activities like group talks and arranging film shows.

More and more activities could be incorporated in these centres by and by to make the training more extensive - such as following up of T.B. cases and treating Leprosy cases.

#### URBAN HEALTH CENTRE:

It was proposed to establish urban Health Centre at Chingleput town on the same pattern as the Basic Health Centre in the Rural areas, with the active co-operation of the local authority - the Municipal Council.

Accordingly necessary proposals were sent to Municipal Council to establish the Urban Health Centre in the Maternity and Child Health Centre of the Municipality. It was suggested that an area covering a population of 10,000 could be initially selected as the urban field practice area.

For want of necessary concurrence from the Municipal Council, we were not able to establish the Urban Health Centre so far.

We are pursuing the matter with the Municipal Council and hope to get their concurrence and start the Urban Health Centre from the next academic year.

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COMH 310 (ME)

COMMUNITY HEALTH CELL  
326, V Main, I Block  
Koramangala  
Bangalore-560034  
India





Field Practice Programme of Department of Social and Preventive Medicine, S.N. Medical College, AGRA.

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Location: - Urban Health Centre - Loha Manli (Agra Corporation) about 3 km. from Medical College.

Rural Health Centre - Saiyan - about 20 km. on Gwalior Agra Road.

Physical facility:- Space is available for working of the Urban Centre in a part of existing Mahapalika Sardar Patel Dispensary under the authority of Agra Corporation. and P.H.C. Saiyan for Rural Health Training Centre.

Organisation: - Municipal dispensary under the authority of Agra Corporation - Urban Centre. Under State Government through Principal, S.N. Medical College, Agra -. R.H.T.C. At present no role in National Programmes.

Interdisciplinary Cooperation with other clinical and other Departments:- has been assured by all

Depts. when the activities start.

Existing training Programme: - Due to the non-existence of mobility, the interns are at present being attached to the Paediatrics and T B D.C. from where they are rotated into the rural areas for participation of the activities of this Depts. The arrangement is not satisfactory and will be suitably modified as soon as the facilities for movement become available.

Existing training programme for Undergraduate - 10 field demonstrations are required by university which are arranged.

Existing training programme for Postgraduates - No postgraduation started.

Existing training programme for Paramedical: - The department does not have para medical training programme for health workers but augments the training facilities provided for family planning field staff and tuberculosis health visitor by arranging demonstrations and classes for them.

Evaluation, if any, of training and service programmes and lessons learnt : - Nil.

Proposals for future development: -

- i) The postgraduate training is likely to be started shortly.
- ii) With the development of adequate facilities including UNICEF aid the interns shall be trained in the practice areas.
- iii) The regular undergraduate field training programme shall be enforced after the centres have developed adequately.

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Field Practice Programme of Department of Social  
and Preventive Medicine, Jawaharlal Nehru Medical College  
Aligarh Muslim University, ALIGARH.

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Rural Health Training Centre - It is located in Jawan, a village about 15 kms from Aligarh city adjacent to the Headquarters of the Community Development Block, Jawan, and in front of the Primary Health Centre of the U.P. Government.

Physical Facilities - A newly constructed building provides the necessary physical facilities for carrying out the programme of training and service. There are separate rooms for office and for conducting general out patient clinic, Ante Natal Clinic and School Health Clinic. Two well equipped laboratories are also established in the same building, one for routine investigations and the other for post-graduate research purposes. One room has been equipped for dispensary.

A newly constructed and furnished hostel is provided near the service block where the male interns reside during the 6 weeks' period of training.

Separate staff quarters are not available at present but accommodation has been provided for the Medical Officers, Laboratory Assistant, and class IV employees in these buildings. Grants have been sanctioned for the construction of residential quarters for Medical Officers, paramedical personnels and class IV employees, and the construction work is going to start very soon.

Transport - There are three vehicles in the department. One is a station wagon provided by the University while other two are minibus and jeep provided by UNICEF. In addition to these vehicles there is a bus available for the students for outdoor demonstration in the field.

Organisation - The Rural Health Training Centre is a part of the



Department of Preventive and Social Medicine. Inspite of our best efforts the Primary Health Centre could not be attached with the Medical College because this University is a Central University while the Primary Health Centre belongs to the U.P. State Health Organisation. However, there is continuous and active collaboration with the Primary Health Centre for the teaching and training of students and interneers. Interneers are posted at the Primary Health Centre also, by rotation to participate in its working at the centre and with its field staff in malaria and small pox eradication, tuberculosis control and family planning programmes. Rural Health Training Centre caters to the preventive and curative needs of a population of about 4,000 in three villages. Besides, a sub-centre situated at about 5 kms from the centre also provides regular preventive and curative sources to the population of three villages having a population of about 1000 and to about 500 students in a high school in that area.

Interdisciplinary cooperation exists with the Department of Gynaecology, Paediatrics, Medicine, Surgery. Tuberculosis and Radiology. Expert guidance and necessary investigation services are provided frequently by these departments.

Existing Training Programme - The undergraduate are taken in batches to the field practice areas accompanied by staff members for demonstrating various aspects of preventive and social problems in the villages and the measures taken by the Primary Health Centre and Rural Health Training Centre to control them. Special stress is laid down on environmental sanitation, immunisation, health education and the working of the Primary Health Centre.

The interneers are posted for a period of 6 weeks (as 5 years course is operating at present) during which they reside at the centre and participate in various comprehensive health care programmes

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undertaken by the centre. The programmes which are conducted under the supervision of the staff members are Maternal and Child Health, School Health, Medical Care etc. They also take part in Chronic diseases clinics, immunisation programme and Health education programme through talks and film shows. In addition to this, each intern~~at~~ is allotted 3-5 families in the village and in this way they are exposed to the atmosphere in the village which helps them in understanding the medico-social problems and steps in an organised manner to solve these problems and also do any pathological investigations needed. After collection of data on families, they are given a training in its compilation, calculation of various Health and Vital indices, in order to acquaint them in general principles of Bio-statistics. Lady interneess also conduct normal deliveries with the assistance of midwife.

Post-graduates of this department are also trained at the centre on the same lines, except that the training is more extensive, comprehensive and of longer duration.

Post-graduates of Paediatrics Department are also being trained at the centre as well as in the department.

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Field Practice Programme of Department of Social  
and Preventive Medicine, M.L.M. Medical College  
ALLAHABAD.

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Field Practice in teaching of Social and Preventive Medicine is imparted through Urban and Rural Health Centres and Chittaranjan Mobile Hospital.

Urban Health Centre

The Urban Health Centre has been organized with one Allahabad Corporation allopathic dispensary as its nucleus. The existing facilities of the dispensary have been supplemented by addition of staff and equipments etc by the college. The Reader in the department is in charge of field practice training in Urban Health. The centre is being organized with emphasis of programmes of family study, medico-social work and immunisation at present. The staff of the Urban Health Centre is as below:

1.	Medical Officer (Male)	1
2.	Compounder (Trained)	1
3.	Compounder (Untrained)	1
4.	Nurse	1
5.	Mali	1
6.	Chaukidar	1
7.	Peon	1
8.	Sweepers	2
9.	Vaccinator	1
10.	House Visitor (NMEP)	1 (Part time)
11.	Lady Medical Officer	1 (Part time)
12.	Lady social worker	2
13.	Male Social worker	1
14.	Ayah	1
15.	Lab. attendant	1

### Rural Health Centre

The Rural Health Centre of the department is located in a rented building adjoining Primary Health Centre, Chaka, at a distance of 12 km. from the college. The accommodation available is too insufficient and a proposal has been sanctioned for the construction of Rural Health Centre building, hostel for interns and some quarters for the inferior staff. The Primary Health Centre is under the administrative control of the District Medical Officer of Health. The staff of Rural Health Centre of the Medical College consisting of the following:

1. Medical Officer of Health Cum Lecturer	1
2. Health Educator	1
3. Sanitary Inspector	1
4. Medical Social Worker (female)	1
5. Store Keeper	1
6. Artist-cum-Museum Assistant	1
7. Fitter-cum-Mistry	1
8. Sweeper-cum-Chaukidar	1

work in collaboration with the Primary Health Centre.

Besides the above, the Chittaranjan Multi-purpose Mobile Training cum Services Hospital attached to this college and located at a distance of 20 Km. from the college is also utilized for field practice. The Prof. of Social and Preventive Medicine has been designated as Officer-in-charge and he supervises day to day functioning of the hospital. It may be pointed out that the hospital is functioning in tented accommodation.

Each student in the third year of undergraduate stage is allotted one family with a mother and child for study and follow up for one academic year. In addition, one family with a case of tuberculosis is allotted to each student for follow up and medico-social work for one academic year. Students are required to

maintain complete records and participate in joint teaching programme of case presentation.

The undergraduates are also required to participate in demonstration and discussion visit seminars at other activities in the field of community health operative in urban area of Allahabad Corporation. The undergraduates are also required to participate in similar demonstration visits to rural area. They are acquainted with the different aspects of the functioning of Primary Health Centre by visit to Primary Health Centre.

#### Inter Disciplinary Cooperation

Joint teaching programme has been organized with the Department of Paediatrics both for undergraduates and internship stages and joint teaching is carried out at the Urban Health Centre and Rural Health Centre and hospital for children. The frequency at present is once a fortnight at each of the above facilities. The interns are posted for one month at a time at -

- i) Urban Health Centre
- ii) Rural Health Centre and
- iii) Chittaranjan Mobile Hospital.

At the Urban Health Centre and Rural Health Centre they are required to participate in different activities of these organisations. They also participate in special activities like Tubectomy and Vasectomy camps. They are required to conduct survey of families, promote immunisation, health education and nutrition etc. in these families. They present mortality, morbidity and socio-economic data in seminars held from time to time. At the Chittaranjan Mobile Hospital the interns and students are exposed to a inter-disciplinary team of four disciplines Medicine, Surgery, Obst. & Gyn. and Social and Preventive Medicine. Depending on case material, joint teaching is done in two weekly sessions

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college yet.

Rural Field Practice Area:

Recently (Novr. 1972) Primary Health Centre Chirgaon has been attached to this college for utilising it as Rural Health Training Centre. Primary Health Training Centre Chirgaon is situated at a distance of 16 Kms. from the college on Jhansi-Kanpur road and is well connected by rail and road.

It has satisfactory building accommodation for dispensary, 6 indoor beds, a M.C.H. and family planning centre etc. and some residences for the staff. The staff of P.H.C. Chirgaon is shown in Appendix. In addition, one M.O.H. cum Lecturer, one Health Educator and one Sanitary Inspector have also been sanctioned for the Rural Health Training Centre. The staff of P.H.C. Chirgaon is under the administrative control of the District Medical Officer of Health and Family Planning, Jhansi while the staff sanctioned for the Rural Health Training Centre is under the control of Professor of Social and Preventive Medicine.

The field practice programme in rural health for the under-graduates and post-MBBS interns has to be developed at the Rural Health Training Centre, Chirgaon (to be established) in collaboration and co-operation with the P.H.C. Chirgaon.

PRESENT FIELD PRACTICE PROGRAMME FOR UNDERGRADUATE STUDENTS

As the undergraduate students were shifted to this college from L.L.R.M. Medical College Meerut in January 1972 (some of them in paraclinical years) a family study programme was organised for them in the headquarter village of a nearby Primary Health Centre. This college is unique in its location, being more near to the villages of P.H.C. Kochhabhanwar than the city of Jhansi. P.H.C. Kochhabhanwar is only  $1\frac{1}{2}$  Kms. from this college.

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Two families were allotted to each student for follow-up for a period of one year. This study has been divided into three continuous phases of four months each.

Phase-I comprises of introduction with the family, study of nature and composition of the family, housing and environmental conditions, socioeconomic condition, recreational facilities etc.

Phase II comprises of examination of individual family members and their follow-up. Emphasis was given to vulnerable groups like pregnant mothers, infants, pre-school children, cases of chronic diseases etc.

Phase III comprises of study of beliefs, customs and practices in relation to conditions of health and diseases through a questionnaire.

In addition to this 4 events viz. marriage and divorce, birth, death and sickness in the family were observed by each student as a family event throughout this period of one year. At the end of the year the students are required to submit a report in narrative giving their own observations and experiences.

During the follow-up of their family they also refer cases from their families and specialists' consultations at the college hospital.

Students visit their family at fortnightly interval, mostly on Sunday morning on foot (as there is no transport and I.H.C. Kochhabhanwar is at a walking distance) under the guidance of Professor of Social and Preventive Medicine.

This family study programme for undergraduate medical students is still in the process of evolution and need to be stabilized.

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## PROPOSALS FOR FUTURE DEVELOPMENT:

It is proposed to establish one Urban Health Centre and strengthen the Rural Health Training Centre by providing building accommodation (for the centre and residences for the staff) purchase of equipments, recruitment of staff etc. Both the schemes have been included in the proposals of Vth Five Year Plan submitted by the State Government to the Union Government. Future developments in the field practice programme will take shape upon the sanction of these schemes.

### A P P E N D I X

#### LIST OF STAFF AT PRIMARY HEALTH CENTRE, CHIRGAON.

1. Medical Officer	1	11. Auxiliary Nurse	
2. Pharmacist	1	Midwife	4.
3. Ward Boy	1	12. Dai (Trained)	4
4. Sweeper cum Chawkidar	1	13. Sanitary Inspector	1
5. Peon	1	14. Vaccinators	4
6. Nursing Orderly	1	15. Smallpox Supervisor	1
7. Block Extension Educator	1	16. Non-medical Attendant (Leprosy)	1
8. Family Planning Health Assistant	4	17. Peon to Health Visitor	1
9. Family Welfare Worker (Lady)	5	18. Sanitary Gangman	1
10. Health Visitor	1	19. Chawkidar at sub-centres	4

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Field Practice Programme of Department of Social and  
Preventive Medicine, G.S.V.M. Medical College, KANPUR.

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Location:

The rural field practice and training centre is situated at Kalyanpur about six miles away from Medical College, Kanpur. One sub-centre at Naramau was opened in October, 1964. However, the grant and the staff of the sub-centre have so far not been sanctioned and it is being run with great difficulty from the meagre resources of the main centre. Both the centres cater to a population of about 10,000 in seventeen villages situated within a radius of three miles.

Physical Facilities:

I. The main building of the centre at Kalyanpur consist of the following components: (i) Demonstration-cum-outdoor clinic (ii) Maternal and child welfare clinic (iii) Well baby clinic (iv) Immunization clinic (v) Office (vi) Dispensary and minor theatre (vii) Sitting accommodation for para medicals (viii) The pathological laboratory (xi) store.

II. Field museum - and the demonstration plot of Rural Field Training centre are in their preliminary stage of development.

III. Field laboratory - Students, Interns, Post-graduates perform pathological investigations in the field far cases requiring immediate diagnosis, Microscope, reagents etc. are being taken to the field.

Residential facilities:

Attached the Rural field training centre is a 20 seated hostel for male interns. Library - There is a miniature library for use of interns, Post graduates and para medicals.

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## Organisation

Discussions on National Control and eradication programmes and principles of evaluation are carried out with the interns in collaboration with the respective specialised agencies (NDTC. N.L.C.P. etc)

## Inter Disciplinary Co-operation:

Well-baby clinics in the centre are supervised by paediatricians from the children's Hospital - LIR Hospital-who visit the Rural Health Centre once a week. With the help of the specialist, Interns maintain complete records, which enable them to appreciate the importance of maternal and child health care. Other Institutes coordinating with us in the area of community Health are the J.K. Institute of Cancer and Radiology, Regional Labour Institute, Kanpur, and Dermatology Deptt. of L.L.R. Hospital. Allotment of thesis topics for postgraduates are done relating to community health problems under the joint supervision of teachers from different disciplines like Physiology, Obstetrics and Gynaecology, Pathology etc

## Existing Training Programmes for Interns, Undergraduate, Postgraduates and Para Medicals:

### Undergraduate field Practice Programme:-

The under-graduate students during Paraclinical period are sent to the field for one year period. During this time they work in a set of 5-6 families. During first six months they study the general composition of the family including their socio-economic status, morbidity and mortality, nutrition status survey, environmental condition, immunization, maternal and child health and family planning. During last six months they are allotted a particular topic to work upon in the same families. For the purpose of field study the students are divided in batches of 12-15. They work under the direct

## SERVICES RENDERED BY INTERNS:-

The following services are rendered by the interns in the families allotted to them and also to others who are registered with the centre. The special features of medical care relief rendered by interns are (i) Record keeping - the sickness record of each family is kept in a family file, on a separate case sheet for each member of the family. The case sheets are reviewed every year (ii) Coding of diagnosis of all cases are done according to the International classification of diseases by W.H.O. (iii) Regular home visits by each intern is done to maintain the continuity of care and follow up of cases. (iv) Domiciliary medical relief are rendered to acute and chronic cases within the families and separate registers are maintained by the paramedical staff (v) Specialized and referral services - cases requiring specialist attention are transported to the base hospital (L.L.H Hospital attached to G.S.V.M. Medical college, T.B. Centre Kanpur). These cases are followed in up by the interns concerned both in the hospital, if admitted, and in the family when they return.

## MATERNITY AND CHILD HEALTH SERVICES:

Are rendered on various aspects of nutrition, immunity, personal hygiene etc. by the interns with the help of paramedical staff at the Ante-natal, postnatal, and well baby clinics. - both at the centre and in the field which are held once a week. Separate records family wise are maintained for each mother and child and follow up is done by interns and paramedical staff on their visits to the families. This enables them to appreciate the importance of maternal and child health care and also to watch the growth and development during infancy.

## FAMILY WELFARE:

Although there is no separate section of F.P. the

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supervision of a senior teacher and they are helped by a postgraduate and Paramedical staff. These families serve as "Intensive-service-cums-training-units" as the students also provide both curative and preventive services to the family members in their charge, after thorough clinical exam. and investigations. They are allotted such subjects which require practical methods of laboratory work like Harrocks test, Orthotoluidine test, Nitrite and Nitrate and Chloride estimation of water and Bacteriological examination of water and various clinico-pathological work. At the end of one and half years of teaching and training, the students are examined right in the field both for terminal and final examination.

#### POSTGRADUATE TRAINING:

Postgraduates are required to conduct clinic twice or thrice a week and discuss cases with the interns for socio-clinical conferences which are held once a week. They are required to participate in all the health activities of the rural field practice area along with undergraduates and Interns. Besides there, they have special weekly programmes of presenting cases in the community for socio-clinical conference. To study the environment and its relation to health the post-graduates as well as the undergraduates are taken to visit water works, sewage disposal plants, infectious disease hospital and other related departments.

#### RURAL TRAINING PROGRAMME FOR COMPULSORY ROTATING HOUSEMANSHIP & PARAMEDICAL STAFF:

After passing the final university examination the students work as compulsory rotating houseman in the rural area for three months for intensive practical training in a rural setting. During their period of stay, the interns work in families of the villages attached to the centre. All the families are registered (done by paramedical staff) with the centre, family wise records are maintained which are revised every year with the help of interns by the paramedical staff.

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mothers are given advise on F.P. in M.C.H. clinics and also during family visits by interns and para-medical staff. For family planning work in the centre, the help of the primary health centre is being taken, till such a section is sanctioned by the Government for the department.

#### SCHOOL HEALTH SERVICES:

Are rendered to all the schools covered by the centre. The interns with the paramedical staff provide preventive, promotive and curative services in the schools and definite separate records are maintained for each child. Each child is examined twice a year.

#### ENVIRONMENTAL SANITATION:-

Services are rendered by the interns with the help of S.I. such as providing soakage pits, I.R.A.I. type of latrines, smokeless chulahs and disinfecting wells. Along with this the interns provide health education for improvement of En.Sant.

#### SEMINARS AND CLINICO-SOCIAL CONFERENCE:

Are held every week. Every intern by turn Organises these seminars and socio-clinical conferences. The paramedical and all staff members participate in these seminars. Acute and chronic cases in the families are allotted for Clinico-social Conference and topics of the seminars go along with the various socio-pathological problems of the families.

Fortnightly agency visits are organised for the interns, accompanied by a senior teacher, specially to N.T.B.C.C. and leprosy centres, so that practical problems are demonstrated relating to national eradication programmes to the interns.

#### VITAL AND HEALTH STATISTICS:

Are collected and recorded by interns with the help of .... paramedical staff.

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## 1. PROPOSAL FOR FUTURE DEVELOPMENT:

More Collaboration with other Departments - the importance of Collaboration and liaison between the department of preventive and social Medicine with other departments the co-relation of studies is gaining ground. Our department is already collaborating with pediatric Deptt. of L.B.R. Hospital, and F.P. Centre, an other department for training programmes. We now propose to collaborate with the dept. of obstetrics for developing social obstetrics for maternal care, family welfare and family planning, department Psychiatry for psychiatric social work; department of medicine for clinical medicine and medico social work; Deptt. of ophthalmology for social aspects of blindness, trachoma, cataract and other ophthalmic problems; Deptt. of Surgery for psychosocial aspects in pre-and post operative phases; department of dermatology and venereology for social aspects of V.D. and other dermatological problems.

## 2. FUTURE DEVELOPMENT FOR POSTGRADUATE STUDIES IN FIELD:

They should have weekly programme for visits to various agencies and clinics eg. health establishments, specialized set ups such as - Central Govt. contributory health service scheme, E.S.I. Corp. and programmes on national control and eradication projects.

### SPECIALITY CLINIC: -

Should be conducted once a week and specialists in pediatrics, Ophthalmology, E.N.T. and Dermatology function in rotation. The state Govt. has been requested for sanction of staff and material for F.P. section of the centre.

### EVALUATION OF THE FIELD PRACTICE PROGRAMMES:

Although definite evaluation has not been done, but from various morbidity studies by interns, shows that the F. Training programme has definitely influenced the trends in morbidity pattern.

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corrected the various nutritional deficiency diseases and there is an overall improvement in the quality of health care by house to house coverage through the medium of family health advisory service.

URBAN FIELD PRACTICE AND TRAINING CENTRE:

LOCATION: Vinayakpur, the Urban field practice area has been recently sanctioned by the Govt. with meager grant and staff. It is situated on G.T. Road about three miles away from medical college, Kanpur. It caters to a population of 735 in 108 families. It is still in its rudimentary stage.

PHYSICAL FACILITIES: - There are only two rooms which have been donated by the leaders of Vinayakpur. The different components of M.C.H.F.P. Clinic immunization clinic, demonstration-cum-outdoor clinic, and the dispensing are carried out in one room and the other is used as an office-cum-store.

EXISTING TRAINING PROGRAMME: Inter disciplinary teaching and training is emphasised in this centre. The interns are posted here in batches of 2-3 for a week. During this period they work in a team of a clinician, medico-Social worker and other Paramedical staff in the immunization and F. Planning clinic of the L.L.R. Hospital.

Besides these, the other routine work that is done in Rural field training centre (already mentioned) such as well-baby clinic, Ante-natal, post natal clinic, school health, environmental sanitation, Health education, and collection of vital statistics, are done by the interns at urban health centre also.

At the end of their one week training in Urban health centre, they are to participate in seminars and socio-clinical conferences relating to topics concerned with the families of vinayakpur.

This unit is aimed to catalyse co-ordinated efforts in F.P. and M.C.H. services from the point of total approach. It is proposed to start the under graduate and postgraduate programmes in near future in this centre, so that these families will be served as "Intensive-service-cum-training-units".

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Field Practice Programme of Department of Social and  
Preventive Medicine, Banaras Hindu University, VARANASI-5

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Location

The department of Preventive and Social Medicine, Institute of Medical Sciences, Banaras Hindu University (BHU), Varanasi has three Field Practice Areas (FPA). The Rural FPA is located in Chirgaon Block at distance of 20 km. from the Institute. The urban FPA is located in Sunderpur Slum Area of the Varanasi Corporation at a distance of 2 km. from the Institute. The 3rd FPA i.e. BHU University Health Centre is located within BHU township within which the Institute of Medical Sciences is also located.

Physical Facilities:

Rural FPA: Rural FPA is provided the staffing pattern as per Medical Council of India i.e. M.O.H. - one, LMO- one, P.H.N. - one, A.N.M.-1, Health Inspectors - two, Medico-social Worker -1, and technician -one. In addition, the following staff is posted to Rural FPA from the department i.e. Lecturer in PSM - one, Social worker - one, Case Worker - one, Driver - two and some Class IV. The Reader from the department also looks after the rural FPA. As yet the centre is housed in a subcentre of Chirgaon PHC. It is a rented building. 24 seated boys hostel, 12 seated girls hostel and 12 staff quarters are about to be completed at the PHC headquarters where the centre will be eventually shifted.

Urban FPA: Urban FPA has its own unique pattern. A voluntary body called Sunderpur Kalyan Saniti was established through departmental efforts. This saniti is a registered body and provides all non-technical facilities i.e. free building to house our 'improvised' health centre. No staff is provided for urban FPA. However Reader - one, M.O.H. - one, Demonstrator - one, Social Workers -2, Case Worker - one, P.H.N. - one, Health Inspector - one and part-time technician - one are provided from the departmental level

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staff to run the centre.

University FPA: University FPA is located within BHU township with 10,000 population. University health centre has been established by integrating university dispensaries, university health office and PSM staff in terms of departmental staff and university student health clinic. Staffing pattern consists of M.O.H - one, C.M.O - one, M.O.S. - 5, Nurse - one, Sanitary Inspectors - two, Technician - one and other paramedical and sanitary staff. Professor from the department looks after the University FPA.

#### Organisation:

Rural FPA: As yet the PSM staff in rural FPA carries out all programme through functional coordinations with all field agencies i.e. Chirgaon block, Chirgaon PHC, national health programmes, other welfare and health related agencies. No formal agreement exists with the state Government for integration of the PHC in rural FPA. For public participation number of voluntary agencies have been created through the efforts of the staff besides participation by Rotary club etc. in some of the programmes.

Urban FPA: Here again no formal agreement exists with either state Government or the Varanasi Corporation. The programmes are managed through Kalyan Samiti and frequent contact with other field agencies both through Kalyan Samiti members and staff members.

University FPA: Since all agencies were university owned, after ten years of perseverant efforts, all agencies i.e. BHU township health office, dispensaries and students health clinic were merged recently into one unit i.e. university health centre. It is now proposed to house all these units into one common building which is under construction. Through action and operational research, it is hoped to evolve a unit of its own type i.e. Experimental Contributory Health Centre (Marwah et al 1,2,5 - 8). This unit has already developed outpatients services which includes preventive clinics

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disease wise e.g. filariasis, ankylostomiasis, amoebiasis, trachoma etc., preventive health examinations with fully organised follow up services, general practice unit services and field domiciliary services including family health programmes.

### Interdisciplinary Cooperation:

Some aspects of interdisciplinary cooperation with various disciplines of the BHU medical institute in research (e.g. cholera research with Microbiology department) and training (e.g. some aspects of interdisciplinary training in leprosy & child health problems) are very successful but interdisciplinary coordination in service programmes has not at all picked up with the exception of some programmes in the university health centre.

### Training and evaluation:

Urban FPA is mostly utilised for undergraduate training. The undergraduate training is unique i.e. 2/3rd training hours are spent in field and all terminal and final examinations are held in the field (Marwah et al 3,4,9,10, Tiwari et al 11 and Verma et al 12). Rural FPA is utilised mostly for training of interns. University FPA is utilised for inservice training of the staff as every staff member must have intensive experiences of practising comprehensive health care and activating comprehensive health care through public (university community) and agencies (university authorities) participation. Organised studies in evaluation have yet to be made but pilot studies in defined components have been made.

### Future Development:

Rural FPA: It is proposed to continue efforts to integrate PHC chiraigacn in FPA as well as provide other facilities through university, national and international agencies.

Urban FPA: No developmental proposals are considered feasible as yet.

University FPA: As already indicated it is proposed to develop a Model Unit for Comprehensive Health Care in actual practice through

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proposed 'Experimental Contributory Health Centre' unit.

### C-conclusion:

Every department of preventive and social medicine must develop at least 2-3 FPA. Every PSM teacher must practice some component of comprehensive health care in FPA. Unless we practice comprehensive health care and train our students through practices in comprehensive health care and still further carry out search and research through experimentations in comprehensive health care practices, any number of seminars, discussions, write ups and/or training programmes will not be considered very meaningful. From times immemorial Medicine has been a PRACTISE. SOCIAL MEDICINE must become PRACTISE in FPA through PSM teachers and must not exist merely in classroom lectures or seminars.

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Field practice area in India are of three types rural, urban and special field practice areas like university or industrial or other allied townships. Rural field practice areas should be standardised i.e. one upgraded primary health centre plus adequate training cum research component of staff and other facilities. Some of these areas should be further supplemented with ICMR/Planning commission component of staff and facilities for action and/or operational research in rural health planning. Urban and/or special field practice areas cannot be standardised. They should be evolved through their own respective experimental patterns for intensive research in various components of comprehensive health care programmes. The paper outlines the action and operational aspects of research patterns undertaken by the department of Preventive and Social Medicine, Institute of Medical Sciences, Banaras Hindu University, Varanasi in its three field practice areas i.e. Rural in Chirgaon Block, Urban in Sunderpur slum area of Varanasi Corporation and Banaras Hindu University Township (special community).

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Field Practice Programme of Department of Social and  
Preventive Medicine, Goa Medical College, Panaji, GOA.

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Location and facilities : -

Goa Medical College has established a Rural Health cum training Centre at Mandur at a distance of about 20 Km. from Panaji. It is situated on the road which connects Old Goa to Pilar Seminary covering a population of near about 30,000 people. The main centre has got a Health Centre Cum Hospital building, Hostel building, Residential quarters for the staff, and the residential quarters for Medical Officers. There are three sub-centres attached to the main centre, one at Mandur itself and the other two are at Goa Velha and Carambolim. The 4th centre (sub-centre) at Agacain is still to be started. The Mandur Health Centre started functioning in February, 1968 in a rented building and later in 1970 it was shifted to one of the blocks of residential quarters. The new building of the health centre cum hospital is almost ready for occupation.

STAFF: - The staff posted and additional staff asked for is shown as under: -

<u>Staff posted.</u>		<u>Additional Staff asked for.</u>	
1. Medical Officer.	1	1. Lecturer.	1
2. Resident Medical Officer	1	2. Medical Officer	1
3. Medico Social Worker	1	3. Compounder	1
4. Medico Social Worker cum Health Educator	1	4. Public Health Engineer	1
5. Sr. Pharmacist	1	5. Public Health Nurse or Lady Health Officer	2
6. Lab. Technician	1	6. Lab. Technician	1
7. Sanitary Inspector	1	7. Computer	1
8. Auxiliary Nurse Midwives	12	8. Storekeeper Cum Typist	1
9. Driver	1	9. Female attendant	2
10. Class IV	8	10. Basic Health worker	4
		11. Mali	
		12. Sweepers.	2

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## ORGANISATION : -

The Rural health cum training centre is under the direct control of the medical college with its own staff. The centre is under the administrative charge of the Professor of Preventive and Social Medicine. It covers three fourth of the area originally covered under primary health centre Betki of the Directorate of Health Services. The administrative and legal aspects of National Health Programme for the area of Health centre Mandur are still under the direct control of the Directorate of Health Services but the execution part is shared by their staff and of the medical College. The centre in return arranges the inservice training course for the staff of the Directorate. For organising the services other than national programme, the department is directly responsible.

## Inter Disciplinary Co-operation -

For an effective maternal and child health programme based on domiciliary visits, the services are organised in close collaboration with the department of Obstetrics and Gynaecology. For tuberculosis control and contact tracing a close collaboration with the directorate of Health Services has been established. For the improvement of environmental sanitation the local P.W.D. (Public Health) collaborates with the department.

## Existing training programme : -

The various activities of the Rural Health cum Training Centre viz. service, training and research are shown as under: -

<u>Services</u>	<u>Training</u>	<u>Research</u>
Collection of vital and Health Statistics	Under graduate Medical students.	Applied & Operations research in community health.
Improvement of environmental sanitation	Medical Internees	

## Services.

Control of communicable diseases.

Medical care

Maternal care (ANC & PNC)

Infant and toddler care.

School Health.

Family Welfare services.

Health Education.

Immunization services and Well Baby clinic.

Referral services.

Family Health Care (Domiciliary)

## Training

Post-graduate medical students.

Nursing students.

Basic Health workers

Inservice for M.O. to be started.

## Research.

### Services:-

The services given at the different levels from the most peripheral villages to the sub-centres and from there to the Health cum training centre and to the teaching hospitals are given on the principles of regionalisation and gradation of health services as recommended by the first and the second health committee reports of the Government of India.

### Training: -

The training activities for the different categories of medical and paramedical staff is being developed as under:-

#### a) Medical Graduates:

- 1- to acquaint them with Rural Health problems.
- 2- to practice integrated medicine under limited laboratory facilities and limited drugs.
- 3- to deal with emergencies.

4- to understand the role of para-medical staff in health services.

5- to appreciate team approach to deal with the health problems.

b) Post -Graduates:

Research methodology including survey methodology in the practice of community health.

c) Para medical

In service training of para medical staff through actual participation.

d) Medical Officers:

Orientation and refresher courses for medical officers in service to acquaint them with the recent developments in the practice of medicine.

Research:

- a) To find through practice and systematic research, a pattern of integrated services feasible for community development blocks.
- b) To find our Rural Health Problems and their solutions.
- c) To develop patterns of integrated medical care.
- d) To lay stress on operational research.

Evaluation: Done through

- a) Weekly reports
- b) Monthly reports.
- c) Monthly staff meetings to assess overall progress.
- d) Weekly visits by senior staff members.

Future Developments:

- a) To develop this centre into an in service training centre for the medical and paramedical staff.

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b) To develop it into a prototype centre which will  
be copied by others.

c) To develop into a field unit for experimenting different  
methods of health education.

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Field Practice Programme of Department of Social and  
Preventive Medicine, Jawaharlal Institute of postgraduate  
Medical Education and Research (JIPMER), PONDICHERRY-6  
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'Ecole de Medicine de Pondichery' - the medical school nearly 120 years old, after the merger of this French territory to Indian Union, was raised to the status of Medical College which was upgraded and redesignated as Jawaharlal Institute of postgraduate Medical Education and Research (Jipmer) in 1964

The Department of Preventive and Social Medicine (P & S M) was established in 1959 and soon after two field practice areas - Urban and Rural were started. The staffs in both field practice areas are under the administrative control of Principal, JIPMER and form the training-cum-demonstration wing of the Department of P & S M.

Urban Field Practice Area: The Jaipmer Urban Health Centre established in 1959 is situated 5 Km. from Jaipmer and provides comprehensive health care to 6285 ( 1971 ) population of Kurichikuppam and Vazakulam areas of Pondicherry Municipality. The building is provided by the Municipality of Pondicherry.

Two Medical Officers, two Public Health Nurses, one Social Worker, two midwives, two Compounders and one Lower Division Clerk provide family health care to 1340 families with special emphasis on domiciliary service. It is also utilised for training of undergraduate students during clinical years in the family health advisory programme. For three terms beginning from the second term of III MBBS, two students follow one family and visit them once fortnightly. Compulsory House Surgeons are posted for three to four weeks. The others who undergo training here are the Compulsory House Surgeons( one out of their three months posting in P & S M), general Nursing students of the State Government and

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## 2. Vital events, Morbidity and Mortality:

Enumeration of population is done every year and cross checked with registered births and deaths, so much so accurate population figures are available to calculate specific mortality and morbidity rates. Mortality and morbidity is recorded as per International Classification of deaths and diseases (1967) List A and List P. A detailed record of immunisation of children by year of birth is maintained.

3. Community Oriented Research: Demographic morbidity and mortality trends evaluation of Maternity and Child Health Services, drug costs based on morbidity are some of the research publications.

Collaboration with other Agencies: Liaison is maintained with the Maternity and Child Health and family planning section and school health division of Health Department of Government of Pondicherry in respect of family planning and with District control unit for domiciliary treatment of T.B and Leprosy Tuberculosis Clinic and Leprosy under the National Programme. Department of Harijan and Social Welfare; Pondicherry Municipality, Community Development Block of Villianur are other collaborative agencies.

Evaluation : A base line general health survey of Rural Health Centre was conducted in 1966-67. Evaluation of Rural Health Centre services and extent of its utilisation is about to commence. Collection of data to study the impact of Maternity and Child Health Services and community image of the Urban Health Centre has just been completed and the data is under analysis.

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indigenous dais.

Rural field practice area: Rural Field Practice area was established in 1961 in one of the villages of Tamil Nadu. However, due to administrative and other difficulties, it was shifted to the present area in 1966 as the Pondicherry State Government transferred the buildings of Primary Health Centre at Ramenathapuram (12 kms. from JIHEER ) for purposes of running Rural Health Centre. The entire expenditure on account of staff, equipment and drugs is borne by JIHEER, at present with headquarters at Ramenathapuram, functioning through two sub-centres at Sedrapet and Porayur, the Rural Health Centre caters to 12 villages (20.5 sq.Km) with a population of 12,800(1971) and provides institutional and domiciliary services to 2200 families. The medical and auxiliary staff consists of two medical officers, three Public Health Nurses, one Social Worker, one Sanitary Inspector, two Midwives, two Pharmacists and one Lower Division Clerk. All are residential.

Compulsory House Surgeons are posted for two months for training in community health. In addition, undergraduate medical students both during preclinical and clinical years are taken there at least three to four times each term for purposes of demonstration of rural water supply and sanitation, applied nutrition programme, functions of Primary Health Centre and others. Indigenous dais are also given training.

The following are the highlights common to both Centres:

1. Family records:

Each centre maintains carefully, family records based on "Family folder" system which provides general information concerning the family unit and individual health records of members of the family. All services obtained from the health centres by the family members are documented in the family folders.

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The training programmes are also constantly reviewed and necessary changes are made.

Proposals for future development: On the lines of existing JIPMER Urban Health Centre and in collaboration with the State Government, there is a proposal to mobilise the existing resources of health services in Pondicherry by a co-ordinated programme to provide Family Health Care benefit to the urban population of Pondicherry by opening eight Urban Health Centres, each catering to a unit of 2500 - 2800 families. These centres would be utilised for training of Compulsory House Surgeons in Family Health Care and Community Health.

A programme for comprehensive training of the Compulsory House Surgeons in Community health is being planned in collaboration with the departments of Obstetrics and Gynaecology and Paediatrics with focus on family health care.

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FIELD TRAINING AREAS DEPARTMENT OF PREVENTIVE  
AND SOCIAL MEDICINE, LADY HARDING MEDICAL  
COLLEGE, NEW DELHI

S.P.Datta, A.Saha, A.S.Nalwa.

The department of Preventive and Social Medicine of Lady Hardinge Medical College is not directly responsible for administration either in rural or urban field practice area. The department collaborates with the agencies providing the services in the area.

Urban Practice Field Area- New Delhi Municipal Committee

Rural Practice Field area- Rural Health & Training  
centre Najafgarh.

To a limited extent the department also strengthens the service programme in the urban and the rural area by participating in the institutional and domiciliary care of the community.

#### Urban Practice Field

Organization-Administered by the New Delhi Municipal committee.

Area- Covers the area within the Windsor Place in the South Alongwith Queen's Way upto Connaught place and Minto Bridge in the North Upto New Delhi Station in the East and Baird Road upto G.P.O. in the West.

Population:- The estimated population of the area is 30,000.

Distance between College and area- 1-2 Kilometers

Staff:- Lady doctor	1(part time)	Aya	1
Lady Health	2	Sweepress	1
visitor		Mañi	1 (part-time)
Social worker	1	Dhobi	1(Part-time)
Dais	3		

The centre undertakes the activities for the community in relation to the welfare of mother and children.

#### Training Activities include:-

- i) Family health advisory service
- ii) Observation and limited participation in centre activities.

- iii) Actual participation in Health Education
- iv) Immunization service to allotted families.

#### Rural Practice Field area:

Name- Rural Health Training Centre, Najafgarh

Organization- Administered by the Director General/Health Services. It is a training centre for various categories of people from various states and various institutions in Delhi utilize their area as the field practice area for their students. Lady Hardinge Medical College started utilizing the available facilities at Najafgarh in 1957 and has continued ever since.

Area and population: Covers 72 villages in 432 K.M. area. These 72 villages are in turn covered by three Primary Health Centres.

Services staff of three primary health centres: The staff attached to the three primary Health centres includes 5 sub-centres and dal centre.

Staff	No	Staff	No.
Medical officer of Health	3	Social worker	3
Lady Medical Officer of Health	2	Lady Health visitor	10
Dresser	3	Midwives	9
Sanitary Inspectors	6	Trained dais	13
Staff Nurses	5	Lab. technician	2
Public Health Nurses	5	Others	32

#### Training activities of the department.

- i) Actual participation in the service programme
- ii) Field studies and field surveys
- iii) Case studies.

Field Practice Programme of Department of Social and  
Preventive Medicine, Maulana Azad Medical College,  
NEW DELHI.

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There are two field practice Areas attached to the Preventive and Social Medicine Department of Maulana Azad Medical College, New Delhi. The Rural Field Practice Area is located in Puthkhurd and the surrounding six villages and the Urban Field Practice Area is located in Shahdara.

Rural Field Practice Area:

1. Location:- It is situated at Puthkhurd about 22 miles in north of Delhi on Suchandi Marg in Alipur Block. It covers seven villages, Puthkhurd, Sultampur, Barwala, Daryapur, Bazidpur, Narnal Shekran and Fakhladpur with population of 5000, 1600, 2500, 3000, 1700, 2200 and 4000 respectively. The total population covered by R.F.P.A. is equal to 20,000.

2. Physical Facilities:- The buildings for the main centre and sub centres and hostels for interns at Puthkhurd, Barwala, and Daryapur are hired. There is arrangement for out-patient department and emergencies are looked after all 24 hours. Antenatal clinics, Well Baby Clinics, Family Planning Clinic, School Health Clinic and Dental Clinic are run in the centres. The deliveries are conducted by M.C.W. staff in the homes. There is arrangement for referring the patients to Eye, E.N.T., Medicine Surgery and other specialities in Irwin and Pant Hospitals. The vehicle goes daily to the centre and referred cases as well as those needing sterilisation are brought to Irwin Hospital. The Tuberculosis control programme is conducted in cooperation with South Delhi Clinic, Delhi who help to do X-rays and chalk out the treatment and provide medicines. Follow up is done by interns.

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3. Organization:- The following staff is posted in the centre.

Medical Officers, G.D.M.O.I	two
Public Health Nurse	one
Lady Health Visitor	one.
Sanitary Inspector	one.
A.N.M.	three.
Trained Dais	two
Laboratory Technician	One
Dispensers	three.
Clerk	one.
Class IV servants	Five.

All the staff is employed by the medical college and is under direct control of Preventive and Social Medicine department. Some of the workers of the state like vaccinator and basic health workers work in coordination with our staff.

4. Interdisciplinary Cooperation with other clinical departments is there. One staff member of Paediatrics and Dental Department visits the centre once a week. We have trained our own registrars and lecturers in different specialities and difficult cases are referred to all the clinical departments in Irwin Hospital.

5. Existing Training Programmes:- The interns reside in the main centre, and the two sub-centres for two months and all the service programmes are run by them under the guidance of Local Medical Officers and staff members visiting the centres daily. The interns are allotted about 50 families each and are made responsible for their care including immunisation against smallpox, tetanus, diphtheria and whooping cough. Family folders are maintained by them. The post-graduates also go to the centre once a week and take part in family visits, speciality clinics and medical care. One village is allotted to each post-graduate making

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him responsible for Tuberculosis, Maternity and Child Welfare, Family Planning and School health work. They also take part in the training exercises and research programmes going on these villages.

6. Evaluation:- The interns are asked to give their impressions of stay in the villages and the service and training programme is improved accordingly. Evaluation is being done now by the Department and it will be presented in the annual meeting of Association of Teachers of Preventive and Social Medicine in Delhi in January, 1973.

7. Proposals for future development:- Another sub-centre has been opened at Pahladpur. Building for stay of interns is going to be hired and proposal for extra staff has been sent.

Urban Health Centre:- It is located at Kabool Nagar, Shahdara. Five hundred families with total population of 3000 is being covered at present. The existing staff is one medical officer, one Public Health Nurse, one Sanitary Inspector and one dispenser. Survey is being done to take up a larger area of 20,000 population. The interns are posted in the Urban Health Centre for a fortnight all the year round under the supervision of the Medical Officer. The interns provide the medical care, run the antenatal, well baby, Family Planning, School Health and other clinics and immunise all the children below five years with smallpox and D.P.T vaccines. Close liaison is kept with Municipal Committee, Shahdara, T.B. Clinic Leprosy Clinic, Shahdara and Voluntary agencies to get the necessary help in various service and training programmes.

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